

# CALIFORNIA MEDICAL JOURNAL

A Monthly Devoted to the Advancement of  
**MEDICINE, SURGERY AND THE COLLATERAL SCIENCES**

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D. MACLEAN, M. D.

M. E. VAN METER, M. D.

C. N. MILLER, M. D.

EDITORS

Address all Correspondence to

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TABLE OF CONTENTS ON FIRST PAGE INSIDE OF COVER

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## CONTENTS

### ORIGINAL COMMUNICATIONS.

Latin	185
The Liver—Review of its Anatomy	190
Olive Oil in the Treatment of Gastric Ulcer	194
The Choctaws as I Find Them	197
Gonarthrititis, with Illustrative Cases	199
The Therapeutics of Syphilis	210
Phytolacca	218

### MISCELLANEOUS.

Theory and Practice	221
Hospital Notes	225
Medical Societies	230
College Notes	232

The National—an Amendment to the Substitute	234
Congress of Military Surgeons	235
New Remedies	236
Bureau of Information	239

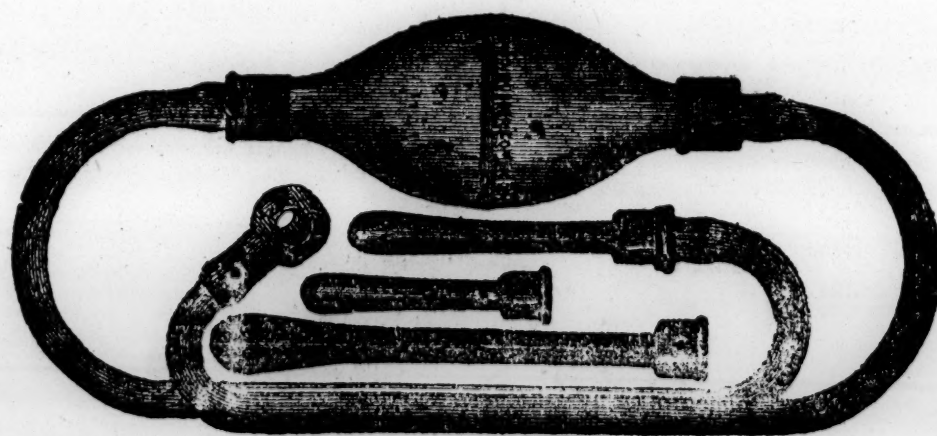
### EDITORIAL.

Our Journal	240
Vacation	241
Hiccoughs	242
Mid-winter War	243
A Peculiar Case	243
wanted—Men	245
Book Notes	246



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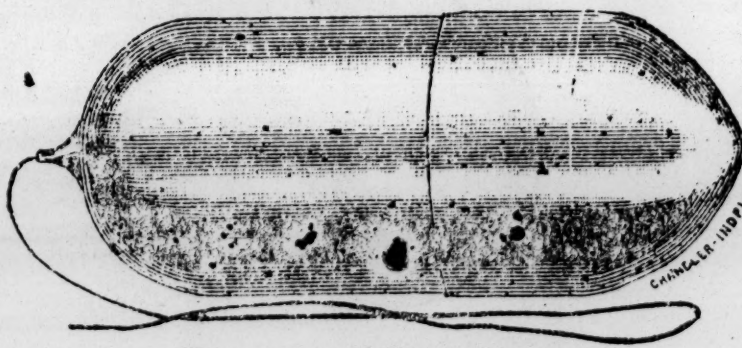
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# THE CALIFORNIA MEDICAL JOURNAL.

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VOL. XV. } SAN FRANCISCO, CAL., APRIL, 1894. } No. 4.

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## *Original Communications.*

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### Latin.

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As a Compulsory Qualification in the Medical Students' Preparatory Education. A Quotation published by request from "Miscellaneous Papers by Andrew Jackson Howe, M. D., selected and arranged by his wife, Georgiana L. Howe." Published by Robert Clark & Co. Cincinnati.

"It is my opinion that Latin should be an *optional* and not a *compulsory* study in a medical education. The success of a physician depends more upon a certain tact than upon erudition. A knowledge of human nature—a ready understanding of its weak points—does more for a physician than a familiarity with the conjugation of a Latin verb. However, I would not be misunderstood in this matter. If two young men of equal ability start off together in the study of medicine, the one with a non-classical training and the other with a university degree, the chances are that the latter will outstrip the former in the professional race, especially in large towns and cities where culture is appreciated. The unlettered doctor is known as such, and intellectual brilliance will not hide the fact. He is something less than what he ought to be or might have been. He may have genius, but lacks the ability to display it to the best advantage. But, learning without talent is not as valuable as talent without education. A combination of the two is what makes the strongest man.

Professor Huxley, in a recent letter to the *London Times*, has expressed himself rather severely on the perfunctory Latin course, saying: "Medical students, like other cultured



people, should have a sound literary training, and that they may attain a good degree of learning, especially in science, they should be through with elementary studies at the age of fifteen. That they may correctly estimate the worth of scientific pursuits, they must cease to worship the Latin fetish—they must put a just value upon practical talents, and not hold the classics in superstitious reverence. Fortunate is the man who possesses a jewel—a diamond—but not unfortunate is he who does not have the bauble.”

President Eliot, of Harvard University, has thrown the weight of his great influence against a prolonged classical course, reaching as it has in times past through the four years curriculum. He would demand as much Latin and Greek for entrance, but would reduce the college career to three years, as in English universities, and he would have undergraduates give more attention to science and modern languages. This is not retrogressive nor revolutionary, but a concession to the demands of the age. At present the utilitarian idea is predominant—the world wants practical mechanics, engineers, architects and inventors. A practical electrician commands a higher salary to-day than the professor of Latin and Greek in a renowned university. The demand of the times is for successful managers of great enterprises, and not for scholastic pundits who can discuss profoundly the Metamorphoses of Ovid, declaring why, or why not, *in* should be placed before *medio tutissimus ibis*. A classical decision in the case would be of little importance to the projector of a transcontinental railway, or a line of swift steamers to cross and recross the Pacific. People are not satisfied with old rates of speed—they want more efficient locomotives and faster running steamships, and he is the lauded hero who, through inventive talents, has lessened the time between two places. The editor who knows “a little Latin and less Greek” vigorously applies the lash to the fast-going world, and stimulates greed for fame and fortune. The preacher is superannuated unless he be sen-



sational, the lawyer without a conscience is in demand, and a dudish doctor is sought by the senseless multitude. *Sic transit gloria mundi.*

But above and outside of this hustle and bustle there is, and ever will be, a place for modest merit. The educated and refined will constitute the basis of good society. The "three professions" will exert their swaying influence as long as they are filled with educated gentlemen. The minister, the lawyer and the doctor will be revered as long as they represent learning and gentlemanly qualities.

At the International Medical Congress the section on anatomy considered the question of modifying anatomical nomenclature. There was evidently a difference of opinion as to the extent of proposed modifications. Sir William Turner made a very sensible speech. He said that before anything could be done in this direction some general principle should be agreed upon. There must be a recognized basis on which the proposed committee could act while attempting to give scientific shape to technical modifications. Although many of the terms used were singularly inappropriate, they were *classical* and held a prominent place in the history of anatomy, commanding such reverence that British anatomists would never consent to give them up.

Inasmuch as Mr. Turner and Professor Cunningham were put on the committee of *revision*, it need not be expected that radical changes will be entered upon.

In the physiological section some novel ideas were presented. In a discussion of nerve supply for the larynx it was contended that no word in any modern language could take the place of the Greek expression. "Organ of the voice" was not a substitute—not a translation.

I have cited the opinions of scholarly men who are opposed to a prolonged classical career as preparatory to the study of medicine; and to be fair I purpose to quote from two or three who are in favor of a thorough training in Latin and Greek. M. Bourgeois, the Minister of Public



Education in France, declares that only indifferent success can be attained in scientific studies if the classics be neglected. M. Jules Simon, whose authority on questions of education is beyond dispute, recently remarked: "I should certainly be disposed to advocate an increase in classical studies, for I hold that my friends Berthelot, Bertrand, Pasteur and Jaunsen, advocate a study of the classics for the good they know to be in them,—for the discipline obtained in the study of ancient literature, and for the educational virtue which is imparted to the classical scholar. Where is the liberally educated individual who regrets the cost and time spent in learning Latin and Greek? When such a person is found I should regard him as demented."

What the student of medicine needs is education enough to enable him to prosecute his studies in college with comparative ease; and such an amount embraces a good English training and some knowledge of Latin and Greek. If only the alphabet of the latter be known, the characters can be rendered in Latin—in English. A year's training in Latin ensures a sufficient acquaintance with the language to master anatomical terms. If a student be fitted to enter Harvard or Yale, he is creditably prepared to pursue the study of medicine. His scholarship is then above reproach. For the indigent among aspirants for medical degrees, the farm is a place where a young man can work enough to pay his way, and at the same time obtain a creditable knowledge of anatomy, physiology, botany and natural history. Let him buy a few text books (which have to be owned sooner or later), a work on anatomy, a physiological treatise, an elementary guide to botany, and a book on the elements of zoology. In every rural district there is a scholarly citizen who *con amore* would give a little time each week to hear a lesson in the Latin reader, give an explanation to the technicals of botany, and discuss the salient points in zoology.

The school teacher in a country village, who may be am-



bitious to study medicine, will find time to recite lessons in Latin to the preacher, who is glad to refresh his memory in classical lore. If the pedagogue complain that his duties are already onerous, I can assure him that the memorizing of a paradigm will prove recreative. We see that the teeth of animals are so placed in the two jaws that, through attrition, they become self sharpeners; so it is in the human pursuits—the mind is not only rested by dropping one subject and taking up another, but it is sharpened and strengthened by the change.

Lawson Tait has said that he sends his medical students to the mills and manufactories to learn how to use their hands. At the pottery they may learn to mold plastic clay, that they may make a model of a deformity; they shall spend time in the limner's studio and the photographic gallery, that they may learn to express features in outline and shade. The physician who cannot sketch a morbid expression is unfortunate. I would make drawing a compulsory qualification to matriculation. The best surgeons in the world have served time among the trades. It is a laudable accomplishment to be able to handle tools adroitly. There are more advantages in cultured manipulation than ever entered the head of a classical dullard. The surgeon's *tactus eruditus* is the cultivated sense of palpation; and it is not inherited, but acquired.

A dislocated shoulder or hip cannot be reduced without an understanding of the application of force in the most direct and advantageous manner; and there is no better place to become expert in such knowledge than in the multiple and varied labors of a ruralist. In a logging camp are experiences which test a man's ingenuity and widen his mental capacities."



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## The Liver—Review of its Anatomy.

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By Dr. C. N. Miller, M. D., Prof. of Anatomy, California Medical College.

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The essential part of the liver, the part by which its function of secreting bile and forming sugar is performed, is a microscopic body called a cell. So minute are the cells, that it requires from one to two thousand of them when placed in line to measure an inch.

The arrangement of the vast number of cells required to form so large a gland as the liver, is a beautiful illustration of the fact, that "order is the first law of nature." The cells are all arranged in little clusters or bunches, called lobules, which are covered with a delicate membrane, and packed together as snugly and orderly as sardines in a box.

The lobules themselves are rather small affairs, since it takes from ten to twenty of them, placed in line, to measure an inch. Each lobule is provided with all the facilities which its cells require to enable them to perform their work.

The blood supplied to the lobules for the use of their cells, is that returned from the pancreas, the spleen and all that portion of the alimentary canal that lies below the diaphragm. The veins gathering this blood all unite forming one large trunk, which enters the liver on its under side. At its point of entrance, is a short but well-marked depression, called the transverse fissure. At this depression, other vessels are seen coming to, or leading from, the liver; hence it was formerly called the gate-way or porta of the liver, and a large vein entering there was called the portal vein.

Within the liver, the portal vein divides and subdivides until little twigs are found nestled among the lobules in all parts of the organ. At the termination of the twigs, each is split up into a fine plexus of vessels called the inter-lobular plexus. From this plexus, little veins arise which surround each adjacent lobule; and from these surrounding veins, still other veins spring off, pierce the covering of the



lobule from all sides, and penetrate between its cells to its center. The blood is thus brought into close contact with the cells, and they are enabled to form the bile and sugar.

The little veins that enter the lobule, after reaching the center, reunite, forming one small, straight vessel that is called the intra-lobular vein. This carries the blood, and also the sugar formed by the cells, out of the lobule. The intra-lobular veins from adjacent lobules unite, forming the sub-lobular veins. These uniting, form the various branches of the four hepatic veins, that carry the blood from the liver to the ascending vena cava.

The bile must now be removed. Between the cells of each lobule little interspaces are seen into which the bile finds its way. These chinks are termed inter-cellular biliary passages or bile capillaries. They radiate to the circumference of the lobule, and becoming tubular pierce its covering, and form a plexus called the inter-lobular plexus. From these plexuses ducts are derived which proceed outward, converging, until they form but two vessels; these unite at the transverse fissure forming the hepatic duct. This duct is joined, external to the liver, by one from the gall bladder, forming the ductus communis choledocus, which empties the bile into the duodenum.

The portal vein furnishes blood for manufacturing uses, but not for the nutrition of the various parts of the liver; arterial blood is provided for this purpose. This is brought to the liver by a large vessel springing from the coeliac axis, called the hepatic artery. It enters the transverse fissure and begins to divide; branches furnishing the nutrition for the coats of the large vessels, the ducts and the investing membranes, are called vaginal branches; those that nourish the fibrous coat of the liver, reach the surface and terminate in stellate plexuses, and are called capsular branches; finally, inter-lobular branches are given off, which form a plexus on the outer side of each lobule, to supply its wall and the accompanying bile ducts; from this



plexus, some anatomists say, that offsets enter the lobule and end in a capillary network between the cells. Nearly or quite all the blood from the hepatic artery, after nourishing the various parts of the liver, finds its way into the portal vein.

The portal vein, hepatic artery and hepatic ducts accompany each other throughout the liver. They lie in tunnels that extend through the organ in all directions, called portal canals. As these accompanying vessels enter the portal canals, they are invested by a membrane which extends almost to their termination, called Glisson's Capsule. The vessels that convey the blood *from* the liver, called the hepatic veins, have *no* investing membrane, their walls are adherent to the liver substance, so that when cut across they are seen standing open.

The points thus far considered are the cells, the lobules, the portal vein, and its inter-lobular plexus; the intra-lobular veins, the sub-lobular veins, and the hepatic veins; the bile capillaries, the inter-lobular, biliary plexuses and hepatic ducts; the hepatic artery and its branches, vaginal, capsular and inter lobular; and Glisson's Capsule. These various parts constitute the mechanism of the liver.

The lobules are multiplied until they form the mass of the liver, which is invested by a closely adherent fibrous coat, and by a serous coat derived from the peritoneum.

The liver mass is divided into five portions known as lobes. The largest portion lies to the right side, at the upper part of the abdominal cavity, and is called the right lobe; the next in size extends to the left, and is called the left lobe; between the two, on the under side, and toward the anterior border, is seen the lobus quadratus; and towards the posterior border, the lobus Spigelii; from the lobus Spigelii a ridge leads off towards the right lobe, which is called the lobus caudatus.

The under surface of the liver is marked by various deep depressions. One, extending from a notch on the anterior



margin to the posterior border of the organ, separates the right from the left lobe, and is called the longitudinal fissure, but its anterior half is known as the umbilical fissure, and its posterior half as the fissure for the ductus venosus. About the middle of the longitudinal fissure, a deep depression extends at right angles for about two inches into the right lobe, this is the transverse fissure. Along the right border of the lobus quadratus is seen the fissure for the gall bladder; while partly underneath and obliquely to the right of the lobus Spigelii is seen the fissure for the vena cava. In all there are found five fissures.

The liver is held in position by five ligaments, four being formed by folds of peritoneum, while the fifth is a round cord resulting from the obliteration of the umbilical vein. One ligament extending upward from the umbilicus along the sheath of the right rectus muscle, and across the whole of the under surface of the diaphragm, is broad and thin, and its hepatic margin extends from the notch on the anterior border of the liver to its posterior border; it suspends the liver from the diaphragm and is called by four names, the suspensory ligament, the longitudinal ligament, the broad ligament or the falciform ligament. From the umbilicus, in the free margin of the suspensory ligament, is seen the round ligament; but when it reaches the liver it dips underneath that organ, and finds attachment in the longitudinal fissure. The anterior margin of the liver is free, but the posterior margin, along its whole extent, is attached to the diaphragm by means of the coronary ligament. Posteriorly, and to the right, extending to the diaphragm, is seen the right lateral ligament; and to the left, the left lateral ligament. The organ is attached to the stomach, upon which its left lobe lies, by the gastro-hepatic omentum.

The liver is found in the right hypochondriac, and epigastric regions, but in the child extends across the epigastrium into the left hypochondrium. It is the largest



gland in the body, weighing from three to four pounds, and measuring transversely from ten to twelve inches, and from before backwards from six to seven inches. It is about three inches thick in its thickest portion, the back part of the right lobe. The position of the liver is such that its under surface looks downward and backward, while its upper surface looks upward and forward. The lymphatics are large and numerous; the nerves are derived from the hepatic plexus of the sympathetic, from the pneumogastric nerves, especially the left, and from the right phrenic.

### **Olive Oil in the Treatment of Gastric Ulcer.**

A Quotation from an Article in the Chicago Clinical Review, with Compliments of the Author, Emanuel J. Senn, M. D., Chicago.

"In the light of various conclusive experiments and explanations of different investigators, it seems evident that gastric ulcer, in at least the great majority of cases, is the result of an increased acidity of the gastric juice upon an enfeebled area. The cause of this abnormality of the juice, and also the cause of degenerations of limited, circumscribed parts of the stomach, remains to be solved by more careful clinical observation and experimental research.

Believing that these ætiological factors are, at least in the great majority of instances, the cause of ulcer, I have administered large doses of olive oil, which, as far as theory is concerned, answered these pathological indications, and proved beneficial in practice.

The rest cure advised by Wilson Fox and Balthazar Forster, in England, and later introduced into Germany by von Ziemssen and Leube, consisted of rest in bed with rectal alimentation.

Alkaline waters, such as Carlsbad, Vichy, Ems, etc., have been highly recommended for neutralization of the hyperacidity.



The "rest cure" seems to be most beneficial during the early stages of the disease. It is analogous to a tubercular focus in a joint which is benefitted by immobilization in its incipency, but requires more thorough treatment in an advanced stage.

The alkaline treatment of course diminishes the acidity, but this effect is only temporary, while hypersecretion persists. As it is impossible to secure absolute rest of the stomach, gastric peristalsis acting through almost imperceptible stimuli, a lubricating medium over the denuded surface of the stomach would not only decrease the friction, but would also prevent contact with the irritating effects of the abnormal gastric juice.

With these ideas in view I administered large doses of the oil. In the case which I report the oil manifested another striking and most desirable quality in favoring and facilitating coagulation of blood in the stomach. In profuse hæmatemesis, when bright red blood was vomited in great quantities after ingestion of the olive oil, the blood became of a thick, gelatinous consistency, and of a deep chocolate color.

Olive oil is unctuous, yellow or greenish-yellow in color, with a sweetish taste, and has a slightly laxative action. In the stomach it does not undergo any chemical decomposition.

It was given in large doses at short intervals, in order to keep a continuous film over the diseased mucous membrane and protect it from the corroding effects of the morbid secretion. It was palatable to the patient and did not produce any disagreeable symptoms whatever.

As yet I have not had opportunity to observe its effects in a sufficient number of cases to positively prove its curative merits; but the case I refer to was of such an obstinate character, and persisted for so many years, that I considered it of enough importance to be reported, especially when statistics reveal so few cures in cases of long standing.



It is in recent cases where brilliant results have been attained.

I submit this case with the hope that others will follow this line of treatment and record their results.

Christine S., Swedish, unmarried. Cloak-maker by occupation. Age 44 years. Suffered with stomach trouble for a period of twenty years, which consisted of epigastric pain and hæmatemesis. At 28 years of age she had two hæmorrhages, which were controlled with ice, followed by a violent hæmorrhage a year and a half later, and which persisted for one week. Two years later another one followed.

I ascertained that between these attacks she vomited small quantities of blood at repeated intervals, but which did not make any serious inroads upon the general health.

After the severe attacks she was obliged to remain in bed for months in order to regain strength.

Patient entered St. Joseph's hospital June 1, 1893, in a profoundly anæmic condition, having been sick for three weeks previously. Complained of excruciating epigastric pain, which at times radiated to the lumbo-dorsal region. This pain was generally continuous, but often intermittent. She was subject to almost daily hæmorrhages, which came on soon after the painful attacks, and seemed to afford relief in the same manner as after removing tension in a palmar abscess by incision.

The hæmorrhages were counteracted by ice, both internally and externally. Patient was also given nitrate of silver in pills, together with opium, to check pain and mitigate vomiting, but without effect. Cocaine also did not afford relief. Tincture chloride of iron likewise proved useless.

As a *dernier ressort* Elwald's "rest cure" was given a trial; but the patient instead of improving complained of more pain, and vomiting of blood also increased. All efforts proving futile, and as the patient's life was fast ebbing away, olive oil was given a trial. A tablespoonful was taken



every two hours. Hæmorrhage at once diminished. The blood, which formerly was thin and of a bright red color, now became thick and jelly-like, reminding one of liver-tissue. Coagulation must have been a very rapid process. The hæmorrhages gradually grew scantier and the intervals longer.

The patient rapidly grew stronger, and after four weeks left the hospital cured. She has since visited the hospital and is in the best state of health."

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### The Choctaws as I Find Them.

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By William Sutton, M. D., Leflore, Indian Territory.

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The Choctaw Nation occupies the western border of Arkansas, south of the Arkansas river. Much of their territory is fertile. That lying along Porto and Fouch Maline is malarious while the upland is comparatively salubrious.

Leflore, where I am situated, is a small station in the Reservation on the Frisco road, and of little importance. I am afraid that I shall find it difficult to comply with your request to tell the reader of the CALIFORNIA MEDICAL JOURNAL much that will be interesting in regard to this people. As to laws, they have "Mansfield's Digest" to govern transactions between Indians and Whites, but I am told by intelligent Choctaws that they have no collecting law, and while a white man can collect from a Choctaw, Choctaws cannot enforce collections among themselves. Notwithstanding all the talk about their superior intelligence and civilization, they are intensely wedded to their tribal traditions and want no interference with their customs by Uncle Sam. Only recently every county voted against a proposition to assume statehood. When it comes to advancement, the Choctaw does not want any.

There are many white people here engaged in all lines of



business, merchants, doctors, owners of saw mills, farmers and wage workers. In fact the most of the work done here is performed by white people. A Choctaw will run cattle all day in the rain, and with "pony and dogs" round up hogs in a snow storm with astonishing skill and success; in fact they will do a great deal, provided always they can po it on horseback, but the Choctaw is chronically indisposed toward any other kind of work or, to say the least, he wants it in a Homœopathic dose and dilution. He has next to no faith in a doctor's ability to cure, and has a stolid indifference toward the sick, neglecting the necessary nursing and care in giving prescribed medicines. He is accustomed to the regulation pint bottle, from a teaspoonful to a tablespoonful three times a day, two bottles guaranteed to cure anything from the most simple ailment to the most malignant disease. But, however careless he may be for the welfare of the living, he does not count the cost when laying away his dead. He very seldom calls in medical assistance until death has practically claimed its victim, solely for the purpose of saving a few dollars, but freely spends four times as much to show his dead all honor and respect. The living are only secondary in his affections, but his dead he loves and respects. It is doubtless due, however, to the unscrupulous sharks who promise great things, get his money, and pass on to fleece some other Choctaw, that he has so little faith in the white man's physic.

The Choctaw is a child of custom, and the above custom being established the man who does not follow it, is suspected and doubted more than the rogue who cheats him. I am, so far as I am aware, the only doctor of the Eclectic school among the Choctaws. Specific Medication is like a strange and untried heresy to them. Truth will triumph. But, in the meantime, from whence is the board coming, and what hope can there be of professional advancement if the bloom of manhood be spent in missionary work?



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Among the animals peculiar to this region is a strange variety of hog. The entire hoof is solid like that of a mule, and the natives call it the mule-footed hog. They are of fair size, weighing as much as 150 to 200 lbs. They cross readily with other breeds, with the result that pigs with one or two feet cloven, and the rest solid, and those with feet containing no cleft at all, are seen following the same sow. This may prove of interest to the evolutionist.

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### **Gonarthrititis, with Illustrative Cases.**

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By Dr. A. Eichler, Physician to St. Joseph's Hospital, San Francisco.

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*Gonarthrititis traumatica, non-purulenta.*

Case 1. A. A., male, age 40, laborer, was kicked by a cow on the right knee; presented himself, forty eight hours after injury, at the office. Was able to walk, but with a very perceptible limp; on examination the knee joint was found filled by exudation, and therefore much swollen and painful. No external abrasion, no fracture or other deviation from the normal state. Dancing patella, slight flexion of limb. Temp. 99° F.

The patient was sent home to bed, after applying an ordinary muslin bandage from the toes up. In the evening he was seen, and a compression bandage with adhesive strips applied from the beginning of the upper third of the tibia to the end of the middle third of the femur; this was tightened in three days, and full recovery ensued in ten days, during which time rest was enforced.

Case 2. *Gonarthrititis rheumatica*, B. B., male, age 35, waiter by occupation, was seen on account of some knee trouble. No traumatic history. Examination showed the following: knee joint very much swollen, with effusion extending over entire lower third of the thigh; pain moderate, patella, could not be pressed down on account of too great effusion,



swelling had been present two days, limb extended, patient unable to stand. Temp. 100° F.

The patient was ordered to stay in bed, make hot applications to knee (flaxseed poultices) and given internally, Salicylate of soda, grs. xx, ter. die. after a bottle of Magnesia-Citrate, eff. sol., had been taken; as sleep had been wanting for two nights, a Dover's powder was also ordered for the first night.

2nd day. Effusion the same, no pain; patient comfortable; bowels moved freely; continued rest, and Dover's powder for night, with salicylate during the day.

3rd day. Effusion lessening, strapping of knee, (compression bandage with adhesive strips and muslin roller). Continued salicylates.

6th day. Effusion nearly gone, and bandage discontinued. Mercurial ointment to joint, being wrapped in warm flannels.

8th day. Patient up and about, and discharged.

Case 3. Gonarthritis scrofulosa. S. S., a young lady, age 16, of marked scrofulous disposition, presented herself to me for examination. It was supposed that in walking on uneven ground she had taken a misstep and injured her knee. Four days after this injury a marked Hydrops genu appeared. I found the following on examination: knee joint markedly swollen, filled with effusion, patella dancing, pain on movement, not otherwise, limb slightly flexed, no external violence, pulse and temperature normal.

The knee was strapped with a compression bandage from the toes up; patient ordered to bed, and seen after a week, when a new bandage was applied. During this time salicylate of soda had been given without effect. Medicine was discontinued, patient was ordered to stay in bed, and bandage so arranged that friction could be made several times daily over knee joint and limb with liniment Saponis c. Kali jod. Improvement slight after a week; during next week same treatment continued, with addition of cod liver oil and rich diet, including wine; much improvement to be seen during



next week owing to enforced rest. The effusion disappeared entirely during the following week, and patient was advised to go to the country.

Case 4. *Gonarthritis purulenta traumatica* (infectious). P. P., a young laborer, had fallen from a cart on a piece of coal and injured his knee joint; had some plaster or other domestic remedy applied, and followed his usual occupation. The next day great pain in his knee compelled him to take to bed; three days after this I saw him and found the following: Temp.  $102^{\circ}$ , pulse 104, knee-joint swollen and very painful, pus coming from opening caused by injury, limb slightly flexed. Diagnosis, purulent gonarthritis. The joint was opened in the afternoon by two lateral incisions and well irrigated with Carbolic acid solution, 3 per cent; drainage. The patient was also given Salicyl. Soda with Pulvis-Doveri to secure remission of the high temperature and rest.

2nd day. Patient better; joint washed through a drainage tube. Pulse 95, Temp.  $99^{\circ}$ .

3rd day. Same. 4th day. Marked œdema of entire limb. Temp.  $104^{\circ}$ . Phlegmonous abscess of inner aspect of thigh. Amputation proposed and performed at middle third of thigh in the afternoon. Recovery uneventful, although union by first intention was not obtained in spite of rigid antisepsis.

The above mentioned clinical pictures portray to us the acute inflammatory processes about the knee joint—gonarthritis, or gonitis, as such inflammations are usually called. These inflammations may be classed first as a simple, serous synovitis, or in other words as inflammation of the lining membrane of the knee-joint, leading to rapid exudation, depending either on traumatic influences (including immobilization of the joint) or irritation by neoplastic formations in the vicinity of the joint. Acute osteo-myelitis may also be a factor in the causation of this disease. The rheumatic form is nothing more or less than a subdivision of serous gonar-



thrititis, where the irritation is caused by the rheumatic poison, instead of a direct mechanical influence. In scrofulous (tubercular) disease of the knee-joint the inflammatory symptoms are less marked, the swelling, otherwise present, causes hardly any pain; it is more tardy in development, and very seldom does a joint thus affected recover or be restored to its original function. Its pathology is that of tuberculosis, by constitutional infection and predilection.

Traumatic, purulent gonarthrititis is the most severe form of all inflammations about the knee-joint; it depends on direct microbic infection, and only severe surgical measures will give relief to this serious condition. The pain will as a rule be severe, the temperature high; pulse moderately rapid; the exudation not overlarge, and flexion always present. Septic appearances will occur at an early date; if no relief be given, death will occur from progressive septicæmia.

Regarding the symptoms of gonarthrititis, it is needless to mention the presence of the effusion, be it serum or pus. It is wise, however, to reconsider some of the most prominent signs, such as the flexion, which is only present when the effusion is moderate or slight—therefore only in the beginning or in the milder form of the disease. As the joint fills up, the flexion will disappear to a certain extent; the ligamentum patellæ will act as a check upon entire straightening of the limb. The more exudation is present, the more will the patella be raised; and then if one presses down on the same, there will be a rebounding, ordinarily called the dancing of the patella, an almost pathognomonic symptom of an effusion in the joint. Often one finds the effusion extending far up into the lower third of the thigh and the question then arises as to the capacity of the knee-joint, whether the same be elastic enough to expand sufficiently to cause such a swelling; it should be remembered that joint communicates in its normal state with some of the adjoining bursæ such as for instance the bursa *subcruralis* and bursa *extensorum*, beginning at the upper border of the



patella and extending to the distance of three inches and more under the quadriceps; another bursa of importance, though less so in examining a knee, is the bursa *poplitea* on the posterior aspect of the thigh; of greater importance is the bursa *semi-membranosa* on the inner side of the thigh, also communicating with the knee-joint. The other bursæ in this vicinity communicate but rarely with the joint. The importance of the communication of these bursæ with the joint will be well understood when thinking upon the following case which is now under my hand:—

S. S., a laborer, was cut by a knife in the performance of his duties in a factory; The knife penetrated the exterior muscles on the outer side of the thigh; the surgeon in attendance united the wound, a perpendicular incised one about one inch in length, with two stitches; it however, did not unite for as subsequent history proved, an abscess formed within the wound. Ordinary dressings were applied and things passed on as usual until the fourth day, when severe pain necessitated the taking out of the stitches.

I saw the patient on the 6th day after the injury and found the following: An incised wound of the thigh, three inches above the patella, extending downwards; a counter opening two inches below for drainage; pus exuding from both incisions; knee-joint painful; slight crepitation on moving limb; pain on entire flexion; limb in moderate flexed position. Temp. 103°. Mild crepitation present. Diagnosis—Abscess of original incised wound, purulent inflammation of the extensor bursa, with slight involvement of knee-joint; patient, who lived in a dirty hovel, was transferred to more sanitary surroundings and all meddling with wound stopped except irrigation. A plain Iodoform Gauze dressing was applied, and over this a poultice. A light supporting diet with, eggs, and whiskey—was ordered.

7th day. Limb more swollen; less pain, and much rest; appetite fair; knee-joint not further involved. Temp. 102° in the evening.



8th day. A great deal of sanious pus was expressed from both openings. Temp.  $100^{\circ}$ .

9th day. No pain; pus flowing freely on slight pressure; abscess evidently circumscribed. Morning. Temp.  $98^{\circ}$ . Evening Temp.  $100^{\circ}$ .

The further course of this case is evidently favorable.

The pathological points in view in this case are, first, the infection of the wound, probably by the knife causing the same, thus producing an abscess, which involved the bursa; 2d, the apparent involvement of the knee-joint, which further development, however, proved only apparent. The knee-joint was in this case only protected by a so-called pyogenic membrane, the wall of the abscess; the crepitus on movement and the pain on flexion to be explained by the congested state of the joint and the injury done to the muscles.

One would have almost been tempted to lay open the space between opening and counter-opening in such an instance and clean out the sac; Such a proceeding would however, have caused only further inflammation which nature prevented by throwing out a protecting wall, thus casing the original abscess; the counter-opening was unnecessary in the first place as the pus exuded just as freely on pressure from the upper wound, and a wound an inch in length gives in all cases free exit to pus, when proper means are employed. The importance of the bursa externa arises in the point of its not communicating with the joint or on its channel of communication being shut off from the joint either by agglutination (through inflammatory hypertrophy) or by being obstructed by the pyogenic membrane.

[This case terminated, as I expected at the time, favorably. Regarding its pathology, I have slightly changed my mind. There is no doubt about the infection, having been caused by a dirty knife causing the wound, by dirty instruments used by the surgeon in uniting the primary wound or by the



dirty surroundings; the first and last factor I would consider the most important. The wound implicated the extensor muscles and probably injured their sheath. Such a wound should not be united by sutures, especially if only an inch long, unless it is previously thoroughly disinfected. With a small wound this is impossible and to enlarge it at once would be folly, if infection could not be positively proven. The least infection can start an abscess in such tissues. In the treatment of such a wound, immediately after the injury I would thoroughly clean it and surroundings with a 1 per cent. Lysol solution (hot), cover the opening with a few layers of Iodoform Gauze and draw the edges lightly together with adhesive strips. The probability is that an abscess would not form as the discharge has free exit from the beginning. I treated the above case as I would a phlegmonous abscess. i. e. moist heat, cleanliness, and free exit to the pus.]

The diagnosis of gonarthritis offers not many difficulties, when one considers that almost any swelling is characteristic. Its pathology however, offers more points for consideration. I will here only append a general outline of its pathological differentiation.

From trauma of the knee-joint we may have both serous and purulent gonarthritis, the former when the skin is unbroken and the injury slight, the latter when there has been infection.

In rheumatism we usually find more than one joint affected; we find fever and pain; when the swelling is limited to the knee and no other history, we should always examine for gonorrhœa.

Arthritis deformaus also resembles rheumatism; it is mostly multiform; there is slight crepitus; little pain, slow and large swelling, showing thickening of the capsule, and the disease is always one of long duration.

In the milder forms of tubercular gonarthritis the habit, age, and parentage of the patient will furnish valuable aid.



In the severer form (tumor albus) or fungous tuberculosis we will gain our information from the slow rounding of the joint, the glistening skin, the pasty consistence, with no fluctuation, which latter can only be found when pus has formed—either due to subsequent infection or to the breaking down of old fungosities, when the case will merge into the last stage, with fistulous openings, protruding granulations and abnormal mobility. Of much importance are also the neoplastic formations of the knee-joint—tumors; the usual forms are osteo-sarcoma and osteo-chondroma. The main symptoms are pain, abnormal lateral movements, no flexion of joint; they are hard to the touch, excepting where a myelogenous sarcoma has perforated its osseous covering.

Osteo-myelitis affects either the tibia or femur. High fever, a low state of health, oedema, sharp pains, especially on pressure at certain points, pus in the later stages with formations of fistulae are symptomatic.

Peri-articular swellings are also of importance in the differential diagnosis. Most common and readily diagnosed by inspection is prepatellar bursitis.

Popliteal abscesses are not so readily recognized when they are deep. They develop slowly, produce much pain in the bend of knee, cause dislocation and show swelling; the joint is not enlarged.

Cold abscesses (tubercular of course) are circumscribed, do not affect the joint and form mostly over the inner condyle.

Bursitis subcruralis is seen occasionally, when the bursa does not connect with joint; usually it occurs in children; I have seen it in an old lady seventy years of age. For diagnosis bend the knee and see the swelling in its oblong form.

So far as the treatment of gonarthritis is concerned, sufficient may be gleaned from the above mentioned cases to indicate its outlines. The joint as a whole must be con-



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sidered and the causation must receive due attention; surgical principles must govern throughout; in traumatic cases and wherever a separation of continuity is observed, rigid antisepsis must be carried out. Rest must be enforced; in slight traumatic cases where only small serous effusion is present, this will almost be sufficient. Compression by means of wet bandages, adhesive strips or flannel bandages, will also often prove effective and an efficient aid to the rest enjoined. This will also answer for the rheumatic cases, with the addition of such remedies as the case may require. Should the disappearance of the exudation be delayed, it would be advisable to resort tentatively to such milder remedial measures as are known to have a sorbefacient effect viz. rapid blistering with small cantharidal plasters, inunctions of the whole joint with mercurial ointment or of compound iodine ointment or the application of Tinct. Iodine. If in spite of this a chronic hydrops should result, puncture of the joint under aseptic measures should be performed and the joint then washed with a 3 per cent. sol. Carbolic acid or with some other mild antiseptic suitable to the surface of a joint.

Whenever the effusion within the knee-joint tarries for a long time, it is proper to think of a tubercular effection of the same, and it should be then considered that such an effection can appear in numerous forms; older authors only knew the so-called tumor albus; at the present time it is known that the great majority of chronic inflammations of the joints, especially in children, rest upon a tubercular basis. Chronic Hydrops of the knee is one of the most marked. When seen early, puncture and irrigation of the joint will insure relief; if not, the infection will spread and evil results will ensue, which however can often be prevented by other measures taken in time.

For purulent gonarthrititis heroic measures are necessary. Little will be achieved by temporizing. The first step should be to open the joint freely, under full anti-septic



measures, afterwards irrigating with a proper antiseptic liquid, preferable a 5 per cent. Carbol acid solution; Thierschs fluid (Salicylic acid and Boric acid) will also answer; I have at times used a 1:300 solution of Thymol. All antiseptic fluids to be thus used must be warmed to blood-heat. In cases where the amount of pus is large, the incision should be made laterally on both sides—one directed upwards towards the femur, the other on the opposite side lower towards the tibia, and in very extensive swelling I have even seen incisions made in the lower third of the femur at the termination of the bursa externosis in order to afford the freest drainage possible.

With antiseptic measures thoughtfully carried out, thorough irrigation with mild antiseptics like Boric acid one will save many a limb. When abscesses form and the affection seems to progress, with much infiltration of the tissues with no remission of temperature and no amelioration of general health, it only remains to amputate and that without loss of time. Resection will always prove useless as the soft tissues are usually so much involved that the chances of a diminution of the sepsis originally caused by the purulent joint are slight; consequently the infectious processes would be given all opportunity to propagate themselves.

In tubercular gonarthritis, be it chronic hydrops having resisted puncture, with affection of the cartilages, or tumor albus, resection will prove more adaptable. A double incision on both sides of the patella as before stated should first be tried and the joint surface well scraped with the sharp spoon; if necessary both incisions can be lengthened and united by a transverse incision, the patella lifted up, the joint curetted and filled with a 10 per cent Iodoform solution in oil, packed with Iodoform Gauze, and then dressed permanently after uniting the transverse incision with strong sutures. The connecting bursæ should also not be forgotten in this operation and well curetted. This could



be called a typical resection as it will only remove the synovial membrane in part and preserve the joint. It also furnishes better results than a resection proper, which is accompanied by marked shortening.

As almost every one knows, the shortening caused by the resection of the knee-joint i. e. removal of the joint capsule and the approximate ends of the tibia and femur (fibula if needed) is the least point to be considered in adults, where there will be but little change in length. In children it is different. Development is arrested or much hindered, which is explained by the fact that the femur expands or grows more on its lower extremity in length, while the tibia does so on its upper; as both these extremities are removed in resection, development is much interfered with in an adolescent person. In children, therefore, the above mentioned plan should be tried and resection only thought of if the result is not a good one, that is if there still be pain in the joint and granulations occur; in adults the resection can be made at once if preferred; if relapses occur even after this operation, amputation of the thigh will give relief. Of course constitutional measures (Cod Liver oil, Creasote, tonics) must not be neglected.

The after treatment following resection is very easy; any retentive apparatus will answer; plaster of paris splints are usually employed, being slit open on the anterior surface within a short time after the operation, thus facilitating inspection of the limb. Passive motion should be instituted at an early date. Usually, however, an ankylosed limb is obtained, and is preferable; in a typical resection it is easy to obtain flexion to a large degree by early passive motion.

Gonarthritis thus shows itself to be a malady either easily conquered or obstinate in character; an affection which may prove of interest to the surgeon, and may either baffle his skill or which may permit him to achieve splendid results.



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## The Therapeutics of Syphilis.

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By John Fearn, M. D., Oakland, Cal.

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In the outset let it be understood that this paper does not deal with the etiology of syphilis, nor yet with its pathology, only so far as pathological conditions call for the use of special remedies. But we purpose to deal with some of the agents which eliminate syphilitic poison, or overcome syphilitic lesions.

The question is frequently asked, "Can syphilis be eradicated from the system?" I do not for one moment hesitate to answer this question in the affirmative, if the case be taken in time. Again the question is propounded, "Is not syphilis as we see it to-day more easy to manage than it used to be, in other words is not the disease as we see it to-day less virulent than it used to be?" In answering this question we must remember, that the very worst cases of this disease as seen 20 to 40 years ago were not purely syphilitic, but it was a compound disease, that has been well denominated mercurio-syphilitic disease.

Mercury was given in large doses by mouth, by inunction, by bath, until in many cases the effects of the drug were worse than the results of the disease. This heroic course is not pursued to-day, and in large measure owing to this, we see less destruction of tissues and less injury to health than formerly. So much by way of introduction, now as to therapeutics.

In the first place, let me say routine treatment of this disease is not a success, and those authorities who prescribe a course of Iodide of potash—followed by a course of Mercurials in every case are blind leaders not safe to follow.

It is true it is not so dangerous, but it is not a whit more scientific to prescribe McDade's mixture, the Compound Trifolium or Compound Stillingia mixture for every case. To treat this disease satisfactorily, each case



must be carefully examined, and then treated on its own merits, giving the particular drug indicated in the individual case, carrying out the principles of Specific Medication. It is a little more trouble at first, but treatment is wonderfully simplified, when this course is pursued.

Every physician, who has had much experience with this disease, and has observed closely, will have noticed that the remedies that are used with marked success may with few exceptions be divided into two classes. First, those which increase retrograde metamorphism; and then by increasing waste by skin, kidneys, and bowels, getting rid of the broken down products of disease. The second might be denominated reconstructives; they increase appetite, aid digestion and assimilation, and improve the blood—the pubulum upon which every tissue in the body depends for life and well being—and it is on the discriminate use of these two classes of remedies that we depend for success in the treatment of this disease.

I will now proceed to name a few of the remedies and some of the guiding symptoms, or specific indications, for the use of special drugs.

**Alnus Rubra.** Infusion of the bark or Spec. Alnus. Use in cases where syphilis is engrafted on a scrofulous diathesis, and where the disease is showing itself on the skin as syphilidia.

**Berberis Aquafolium.** This remedy is a valuable tonic, and Spec. Berb. Aqua. may be used in doses from gtts. v, to xx, 4 times a day, where there is atony of the gastro intestinal tract, constipation with loss of appetite, power of digestion and assimilation.

**Corrydalis Formosa.** This, from long experience, I believe to be one of the best vegetable remedies we have for this disease. It is especially indicated in cases of long standing; tongue is coated, breath fetid, appetite very poor; there is much secretion in the throat, the patient is very much broken down. Sometimes this physical depression



leads to great nervousness, and such remedies as Kali Phos. 3 x, or Scutellaria Spec. Med. may be given to combat the extreme despondency, alternated with the Corydalis, which can be given in any stage of syphilis with great advantage to the patient, but in cases such as above, it has very few equals.

**Iris Versicolor** is an old time remedy; over twenty years ago I was taught to place this in the front rank of antisypilitics, and wherever the glandular system is affected, it still stands at the head of the class. According to the dose given, it stimulates waste by skin, kidneys, and bowels; it stimulates glandular action; the liver, spleen, kidneys and the glands of the buccal cavity may all be aroused to activity by this drug. It can be given in the form of the powdered root, but by far the best preparation on the market to-day is the Specific Iris. Some are very susceptible to its action and it is easy with those to get a mild form of salivation, with burning in the throat and loss of appetite; therefore, we give it carefully, watching results and alternating with tonics. The dose will be of Spec. Med. gtts. one-fourth to gtts. x.

**Galium Aparine** is a good remedy in this disease. Its medical properties are refrigerant, diuretic and alterative. I prefer this remedy used in infusion, and drank freely. When the case presents irruptions on the skin of a scaly character, the urine scalding, and temperature raised, this remedy in infusion drank freely removes these difficulties, sedates, soothes and purifies. It is a most valuable remedy in almost any stage of the disease, except where there is great vital depression, remember it is a sedative.

**Kalmia Latifolia.** This is a good remedy, not sufficiently known. It can be used in almost any stage of the disease, but with marked effect, where we need heart-sedation, where there is general inflammation and fever, and where from wrongs of the liver we get as a consequence a jaundiced condition. I have used Spec. Kalmia in doses of 1 to 4 drops as the patient's condition warrants. It is a



good remedy, but must be given with discrimination.

**Arctium Lappa**, or Burdock. This is an old time remedy, and a very good one, wherever through irritation of the urinary tract, the secretion of the kidneys is abnormal or deficient, the blood per consequence becoming loaded with effete matter, give Lappa freely, either in infusion or Specific Lappa. Irritation is relieved, the urine is passed freely and copiously, and eruptions and sores disappear. It has a good deal the action of Acetate of Potash, and it can be given when potash would be contraindicated; besides acting nicely on the kidneys, it favors elimination by the skin.

**Phytolacca** is a stimulant to the whole glandular system, and has always been prized by the Eclectics in the treatment of this disease; it is however specially called for when there is glossitis, or inflammation of the mouth and throat, and for the relief of pains in the bones, (ostalgia) suffered by patients who have been mercurialized for the relief of syphilis. The ordinary fluid extract is frequently inert because made from the dried root; that made from the recent root is not black but a light transparent color. Get Specific Phytolacca if you would have good results.

**Podophyllum Pel.** This remedy, whether used as, the pulverized root, Spec. medicine or the active principle, Podophyllin, is a most useful remedy in syphilis. In some cases where there is great torpor, the remedy may be given in the start in emeto-charartic doses, and then continued with the small dose just to keep the secretion's free; in this way every gland in the body may be put in condition to do its work, and every secreting surface may be brought under its influence. Those who think this remedy is nothing but a cathartic, cannot have studied its influence in this disease. Take a case where the face is full, superficial veins full, tongue covered with a yellowish coating, and the head dizzy, this remedy will work wonders; it rapidly eliminates syphilitic poison, and favors better blood-making.



**Rumex Crispus.** All the members of the dock family possess medicinal properties, but the one at the head of this paragraph is the one mostly used. It is tonic, alterative and slightly astringent; can be used when there is great debility and relaxation, and will be found especially useful in the irruptive stage.

**Stilingia Sylvatica** is one of the old remedies of the Eclectic school, and is still very much prized. My experience leads me to use it in this disease when the mouth and throat is much involved, the mucous membrane is much irritated and there is very little secretion. If in addition to these symptoms there are pectoral wrongs or tuberculosis, the picture is complete and stylingia is one of the best of remedies.

**Thuja Occidentalis.** This remedy comes in well at times in the treatment of this disease. In men who have arrived at, or past, middle life it allays the anguish of frequent and painful micturition due to enlarged and irritable prostate. In verruca or condylomata of the genitals and rectum it is a grand remedy. Sometimes we see, on a small scale, the same tags and enlarged pappilæ in the throat, also in cases where we have obstinate ulceration of mucous membrane of throat, and in cases of facial irruption which appears sycotic in character; in all these cases of tags and ulcerations, Spec. Tluya may be applied to the part, and at same time small doses taken internally, and the cure is more certain than when we depend upon local treatment.

**Prickly Ash Bark** is a powerful stimulant and alterative, and in cases of Syphilis where there is great depression, and stimulants of this class are needed, it is one of the best of the vegetable alteratives. It increases waste, and tends to improve the condition of the blood.

**Acetate of Potassa.** This is one of the very best remedies in this disease, and I think where Iod. Pot. is called for once, this will be called for many times. It can



be used in large doses so as to purge, but we had rather have the mild, continued action of the drug. It increases metamorphosis of tissues, and is both a renal hydragogue and depurant, increasing both the liquid and solids in the urine, and thus improving the condition of the blood by eliminating the impurities.

**Iodide of Potassa.** This is a grand remedy, but it is capable of doing much harm, and it *has* done great harm because given when contra-indicated. It may be given at almost any stage of the disease, but principally when we have enlargement of glands, thickening of periostium, severe ulceration in mouth and throat, and the severe conditions generally in advanced stages of the disease. What are the conditions which indicate its use? The tongue is broad and flabby, and has a peculiar leaden color; given these conditions it is borne kindly, and does good work. If given when the tongue is pointed and red at tips and edges, it will do damage.

**Chloride of Gold and Sodium.** This is a very ancient remedy and as valuable as ancient; in cases where the bones of the face are affected, perhaps we have no more certain remedy; in cases of protracted disease where the early treatment has either been woefully wrong, or very much neglected, where the circulation is poor, the heart feeble, the skin unhealthy, and the mind very much depressed, this remedy stands away up to the front for effectiveness.

**Mercury.** While I do not believe that this disease cannot be cured without Mercury, I do earnestly believe that small doses of this remedy will many times hasten the cure, and help to make it permanent. In cases of severe sore throat, iritis, laryngitis, periostitis; in falling of the hair, syphilitic pains in the head and face and around the joints, worse when the patient is warm in bed; and in many other manifestations of the disease that we cannot stay to notice, this remedy may be given with advantage, and as I



know by experience without damage. If asked to name the preparations I use of this drug I will direct attention to "*Liquor Arsenici et Hydrargyri Iodidi*," the *Homœopathic Triturations* of this drug, 3 x, also the "*Hydrarg. Cum Creta et pulv. Doveri*," compressed tablets of Wyeth. These preparations are all efficient.

**Arsenicum** is a grand nerve stimulant and tonic, and in cases where the fires of life are burning low, and we have deposits of caseous and tuberculous matter in the system; and through enfeebled nutrition, Squama, Eczema and vesiculæ upon the surface, arsenic becomes one of the best remedies in syphilis; clearing the skin of unsightly irruptions, increasing appetite and improving the condition of the patient in every way.

**Lime.** The preparations of lime, notably the Sulphide of Calcium and the Aqua Calcis, I have found very valuable in this disease. Wherever suppuration is inevitable, we may come in with lime to limit suppuration. We see cases at times, where the slightest scratch or abrasion leads to unhealthy and sometimes profuse suppurations, and where successive crops of ulcerative points show themselves, no remedy in my experience equals the lime preparations for overcoming this condition.

**Kali Muriaticum**, 3 x trituration; this is one of the Schussler tissue remedies, and, as I have proved, a very good agent. It is indicated where we have exudations and infiltrations, especially of a fibrous character; glandular swelling and enlargement, and where movement causes increase of pain; and in skin irruptions with small vesicles containing a yellow secretion.

But I must stop, leaving many remedies out because this paper is already too long; but there are two other therapeutic agents I must mention. The first is the *Turkish Bath*; if this cannot be obtained the *Alcoholic Sweat or Vapor Bath*. This I have prescribed with wonderful results; first alteratives to break down diseased conditions in the sys-



tem, then by these means "sweat it out." I never think of treating constitutional syphilis without this aid, and it wonderfully simplifies treatment. The second means to which I referred is *deep breathing*; take the narrow, flat-chested patient, whose lung surface is greatly circumscribed, put that patient regularly through a system of respiratory calisthenics, and you will find that just as you increase the girth of that patient's chest, you increase his power to resist disease, to throw off disease, and to build up a healthy man,

In conclusion, all our treatment has been on the single remedy system; this I believe to be best when the indications are clear. But there are some doctors who must have combinations, and the question comes, "Can this disease be treated successfully by drug combinations?" I say it most certainly can, as I know by experience. But make your own combinations, and while we have specific medicines this is very easy; but do not combine too many things in one prescription. Take specific Iris, specific Corydalis and specific Arc. Lappa in such quantities as to make one part, add to this syr. simplicis three parts; dose, one teaspoonful 4 times a day. Or take specific Stillingia, specific Rumex and specific Phytolacca so as to represent one part, syrup three parts; use as before. Other such combinations may be made as shall suggest themselves to the judgment. The drugs are at hand, and with such combinations and sensible adjuncts as good judgment suggests, one can treat syphilis successfully with their own prescriptions. This I have done for years. Be on the watch for *specific indications* for particular remedies; it may be ferrum, cuprum, phosphorus &c., &c., &c., or some of the remedies we have indicated, or some that I have not mentioned; it may be some article of diet, some form of exercise; whatever an educated judgment, or practical experience may suggest, let the patient have. Treated in this way the disease is robbed of its terrors and the treatment is a success.



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## Phytolacca.

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By M. E. Van Meter, M. D., San Francisco, Cal.

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In speaking of this old and well-known remedy, I do not know that I shall add to the long lists of its usefulness, but wish to more especially emphasize its use in particular cases.

That Phytolacca is one of our best alteratives, I think none will deny, who have given it a trial, in the right way. It has long been a remedy in secondary syphilis, scrofula and in some forms of skin disease; but its special influence as heretofore recognized, has been upon the mammary glands. However, my experience with the drug has led me to conclude that its medicinal influence does not stop with the mammæ, but extends to the whole glandular system; especially is this true with the testes. Given internally and used as a poultice, locally, we have no better treatment for orchitis, particularly when there is a tendency to suppuration.

But it is of its use in abdominal inflammations, especially of the cellular tissues, that I shall call attention in this paper.

I cannot better emphasize its use in this class of cases than by giving my experience in using it.

Was called to see Mrs. C., who was suffering with pelvic cellulitis, following a criminal abortion. From a level of the tops of the broad ligaments down as low as there was any cellular tissue it was one solid mass, the upper border of which could be easily out-lined by ocular inspection; and by a digital examination the fullness and hardness could be traced across the abdomen and abruptly terminating on its ventral border. There was also considerable fluid in the abdominal cavity. She had rigors, sweats and a constant fever, in fact every symptom of pus formation. So sure was I that it would be a case requiring an operation, that I



asked Prof. Maclean to see the case with me. Aftering considering the matter we concluded to defer the operation two or three days, at which time we would open and drain the abdomen. I, at this time, ordered an alterative with phytolacca as one of the ingredients, and also ordered poultices composed of equal parts of ground pocke-root and bran, to be applied hot and renewed every two hours. At the end of three days there seemed to be a little improvement and the treatment was continued.

This treatment was continued for three weeks without change, but with a gradual improvement in the condition of the patient; after which there was a continual and gradual convalescence to complete recovery; the ascitic fluid was absorbed and the induration gradually disappeared.

I feel sure that no other treatment would have resulted so happily.

Case 2. Was called to the country, about one hundred miles, by Dr. Joseph S. West, one of the brightest and ablest Eclectics on the coast, to operate for appendicitis. The patient was quite an old man who had been sick for some time, with a low grade of fever and a gradual developing tumor in the region of the cæcum. He had all the symptoms of pus formation, except I could not satisfy myself that there was fluctuation. Dr. West administered an anæsthetic and I introduced an aspirator needle, with a negative result; I then suggested the phytolacca treatment and left the case with the doctor.

The doctor wrote me from time to time telling me how the old man was progressing. He said he had faithfully carried out the phytolacca treatment with such other remedies as he saw indicated, and that the old man finally recovered, the tumor gradually disappearing.

I could report a number of other cases in which phytolacca played an all important part in the cure, but it would make this paper too long. However, there is one other condition of which I wish to speak, viz., congestions and



inflammations of the liver, especially where there is a tendency to the formation of an abscess.

To derive the greatest good, the medicine must be used internally as well as in the poultices, and the poultices must be kept hot. For enlarged or suppurating glands or where suppuration is threatened in any of the tissues and a poultice is indicated, at all, I do not think that any thing can take the place of phytolacca. When the poultices have been used for a week or ten days, the skin will show a peculiar mottled appearance, once seen never forgotten, and it is then that the medicine is getting in its work to the best advantage.





# THE ❖CALIFORNIA\*MEDICAL\*JOURNAL.❖

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## *Miscellaneous.*

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### **Theory and Practice.**

By La Femme.

ANTISEPTIC POWDER—Cavazzini (*La France Med.*) advises the following as an antiseptic dusting powder:

R

Iodoform . . . . .	55 parts
Salicylic acid . . . . .	50 parts
Subnitrate of bismuth . . . . .	20 parts
Camphor . . . . .	5 parts

This mixture makes a light yellow powder which is without disagreeable odor. It is especially efficacious in ulcerating buboes. It is an active antiseptic, hence cicatrizes and prevents undermining of the skin. Indolent granulations are quickly stimulated and suppuration rapidly disappears.—*Thera. Gazette.*

\* \*

NITRO-GLYCERINE IN ALBUMINURIA—Da Costa says that he has received good results in cases of Bright's Disease, in which there is passed a large amount of urine, with a decided percentage of albumen, by the administration of nitro-glycerine, beginning with a small dose and increasing.

\* \*

YAWNING A SIGN OF HEMORRHAGE.—Dr. T. C. Mewburn, in an article on post partum hemorrhage printed in the *Medical World* says:—"Never leave a patient if she yawns or gapes. It is a certain sign of hemorrhage. I have proved it. I learnt it from my old father and I dare say his father



told him and I have told my son—four generations, so there should be wisdom somewhere in the family.”

\* \*

Pruritis Vulvæ—

R

Acid carbol.....grains X  
Morphiæ sulph.....grains VIII  
Acidi hydrocyan dil.....drams II  
Glycerinæ.....drams IV  
Aquæ.....ad.....ounces IV  
M. et ft. lotio. Sig—For external use only.

\* \*

AN OUNCE of keeping your mouth shut is worth a pound of explanation.—*Christmas Puck.*

\* \*

CASTOR OIL AS A LUBRICANT.—John M. Kitchen, M. D., of Indianapolis, gives an interesting letter in the *N. Y. Medical Journal*, in which he gives as the points of superiority of refined castor oil as a lubricant for catheters, bougies and for general surgical purposes, the fact that it is non-irritating, very tenacious and in itself sufficiently antiseptic not to require any additional sterilizing agent. Its use also seems to preserve rubber and silk catheters.

\* \*

*Dr. Magnus* (prescribing for an infectious case)—“You must at once see that the patient is completely isolated, nurse.”

*Nurse* (old school stumbling over the word *isolated*.)—“Yes sir. But about how much ice would you advise me to get, sir?”

\* \*

APPENDICITIS—Dr. R. A. Morris in *Matthews' Medical Quarterly* says:—

“More than a million dollars have been paid to expert consultants who made the diagnosis of typhoid fever, idiopathic peritonitis, typhilitis or internal strangulation of



bowel in cases in which the disease was really appendicitis. Consequently, that money was expended to no purpose by the patients.

"More than a million patients have died of appendicitis because the consultants made other diagnosis at a time when prompt operation would have saved life. Consequently, these deaths were unnecessary."

Yes, and the sad part of it all is, a million more are liable to be sacrificed on the altar of ignorance before we learn not to call it *typhoid fever*, etc., etc.,

\* \* \*

NITRATE OF SILVER STAINS are easily removed by painting the part with tincture of iodine and then washing in dilute aqua ammonia.—*Pacific Medical Journal*.

\* \* \*

CAPSULE FOR ATONIC DYSPEPSIA.—

R

Pepsin.....	gr. 1
Sulph. Hydrastic.....	gr. $\frac{1}{2}$
Podophillin.....	gr. 1-10
Nux Vomica.....	gr. $\frac{1}{4}$

M

Sig. One after meals.

PROF. FEARN.

\* \* \*

TRY POTASSIUM chloride, 3 x in your next case of Pelvic Cellutitis, Psoas abscess etc. It will limit the formation of pus, if taken in time and may save a serious operation. Professor Webster says it is one of the surest things in medicine.

\* \* \*

FROM THE DIARY OF A QUACK.—Kase 230, Mary An Perkins. Bisnes, wash-women. Sickness in her bed. Fisik, some blue pils. a soperifik; age 52. Ped me one dollar, 1 kuarter bogus. Mind get good kuarter and mak her tek mo fisik.



Kase 231. Tummes. Krinks Bisnes, NIrishman. Lives with Pady molonny whot keeps a dray—Sickness digg in ribs and two blak eys. Fisik, to drink my mixer twice a day of sasiperily, bere and jellop, and fish ile, with asifedity to make it taste fisiky. Rubbed his face with Centaur Lini-ment. Aged 39 years of age. Drinked the mixer and wouldn't pay me bekase it tasted nasty, but the mixer'll work his innards, I reckon.

Kase 232, old Misses Boggs. Ain't got no bisnes, but plenty of money. Siknes all a humbug. Guv her some of my celebrated "Dipseflorikon," which she said drank like cold tea—which it was too, Must put sumthink in it to make her feel sik and bad. The Old Woman has got the roks."

\* \*

HAVE YOU seen "*Matthews' Medical Quarterly*, a journal devoted to Diseases of the Rectum, Gastro-Intestinal Disease and Rectal and Gastro-intestinal Surgery." No. 1 of Vol. 1 contains 134 pages of original reading matter written by some of the most eminent specialists of Europe and America. Literature on these subjects is limited and the new journal will be welcomed by thousands of practitioners who have long felt the need.

\* \*

DR. W. O. ROBERTS of Louisville reports a number of cases of intestinal obstruction in which physostigmine hypodermically in 1-100 grain injections, every three hours or physostigma, in five drop doses, combined with nux vomica given every three hours, have removed the faecal impaction when all else failed. The combined action seems more effective than either drug gives separately.

\* \*

THE USE OF COCAINE IN SMALL-POX.—Dr. Samayoa, (*La Escuela de Medicina of Gautemala; Pacific Med. Sept., 1893,*)



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after using this alkaloid in several cases of small pox, states his results as follows:

1. Cocaine given continuously from the beginning can completely abort the disease.
2. If given after the eruption has appeared, it will transform confluent or hemorrhagic forms into the discrete.
3. Sometimes when the cocaine is given from the beginning of the disease, the eruption assumes a *corneal aspect*, and the pustules collapse before the usual time.
4. Cocaine prevents suppuration, hence there is no secondary fever, and no pitting.
5. To obtain these results it is necessary to give cocaine as soon as the initial symptoms appear, and must be continued without interruption.
6. The best preparation is the hydrochlorate, and should be continued five or six days or even nine if necessary.—*M. in N. Y. Ther. Rev.*

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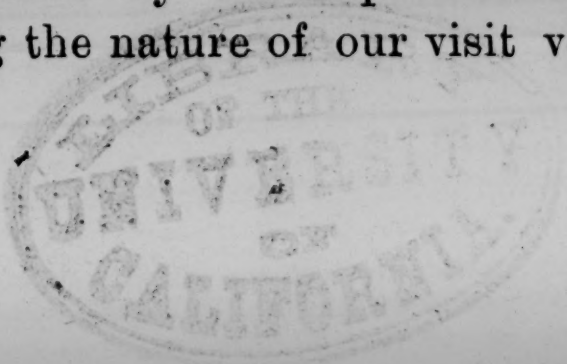
### Hospital Notes.

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This number of the JOURNAL inaugurates a new venture which we hope will commend itself to our readers and prove a source of interest and profit.

At our various public and private hospitals, surgical operations of minor and major importance, and embracing every variety in form and description, are being daily performed. It is our purpose under the title of "Hospital Notes" to select those cases that are typical, difficult, unusual or that are likely to be of interest, and from time to time give a full and working report of such operations in our columns. It was with this idea in view that our representative recently took a trip out to the City and County Hospital of San Francisco. He reports as follows:

We were well received by the Superintendent, Dr. F. Titus, who on learning the nature of our visit very kindly,





in person, showed us over the Institution, and, while so doing, took the trouble to explain the system on which the whole machinery of the Hospital is run.

As we were unable from not having timed our visit rightly to be present at any operation, we have thought a brief description of the place itself may not prove uninteresting to the JOURNAL readers.

The Hospital is pleasantly located in the southern part of town near 22nd street and Potrero Avenue. It is, we believe, the largest structure of its kind in the city. Though not what can be properly termed a modern building, it is, nevertheless, commodious and convenient. Built on the pavilion plan, the several ward buildings are all virtually consolidated into one,—an arrangement which renders access and egress both agreeable and easy. The buildings are so erected that they all face east and west. This is advantageous, as it gives to the patient the full benefit of the sun's rays the day long.

There are fourteen different wards, each containing on the average about thirty beds. The night previous to our visit (Mar. 10th) the register showed a record of four hundred and forty-six patients. These figures indicate that the capacity of the Hospital just now is very nearly reached, and we are informed that, on account of this rather unusually large number of patients, the present staff of nurses is inadequate to the demands made upon them. An increase in the force is urgently needed, but wholly out of the question under the present appropriation for hospital purposes, \$75,000 per annum. Last year with even a less number of patients, this amount was overdrawn to the extent of three thousand dollars. It seems strange to us that a town of the size and wealth of San Francisco should appropriate so small a sum, comparatively speaking, to this, one of its largest hospitals. In an eastern city, Boston for example, the annual income of such an institution would be almost double the amount.



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The general appearance of the place, however, is not calculated to impress the minds of the supervisors with the fact that there is any need for a further appropriation. Many of the wards have been recently painted while others are yet in the process of renovation. A system of electric telephones, connecting them all with the main office, and other improvements have been introduced, all of which certainly reflect much to the credit of the Superintendent.

The patients, also, so far as one can judge from outward appearance, seem to be the recipients of good care and attention. They certainly are not starved. It was our good fortune to visit the culinary department as dinner was being served up. There was no stint in the allowance. Each received a plate of stew that a "well" man might wonder how to get away with, and we may add that we tasted the same and found it very palatable. We left the department fully assured that there was little need to question the statement of Dr. Titus that whatever else they cut down on, the patients always got a full quantum of food and medicine.

The operating room rather disappointed us. The facilities that it affords to both spectator and operator are nothing to boast of.

Each department we found to be under the care of its especial chief, who is made personally responsible for such transactions as may occur in his or her respective sphere. A printed set of rules minutely specifies the duties required of each employee. The total number of those in the employ of the hospital is about one hundred. This number includes, however, many convalescents who have been retained about the place and permitted to work for their board and a mere nominal pittance per month.

The perfect system which prevails throughout the institution is very commendable. The books which we were kindly permitted to examine furnish a very accurate account of every transaction. The double entry system is used, and to



so great a degree of accuracy are they kept that it is possible, if any one should call in question the total amount of food consumed on a certain day, to trace it back to the individual consumption.

Altogether we came away well satisfied with our visit, regretting only that time had not permitted the report of any operation. In subsequent numbers of our JOURNAL we hope, however, to record cases of interest from the operating room.

#### FABIOLA HOSPITAL.

Since penning the above lines a visit has been made to Fabiola Hospital (Homœopathic) Oakland. It is a pretty red-brick Gothic structure of comparatively recent date, (six years old) advantageously located out toward Piedmont. Doctor Cadwell, the resident physician kindly showed us over the building. There is but one ward (male) containing twenty beds. The lady patients and some gentlemen occupy private rooms. Both ward and rooms are well-lighted, ventilated and heated (steam radiators). The rooms contain each three beds. Sitting rooms, nicely furnished, and a library add to the comfort of both patient and nurse.

The operating room is simple but complete. Lighted by windows on all sides but one, it affords the operator that most useful of adjuncts, a good light. We were fortunate in being present at two major operations, and append from our note book brief accounts of the same.

Case 1. Diagnosis, Carcinoma Uteri. Operation, Vaginal Hysterectomy.

Patient—anæsthetized; dorsal position; buttocks, on a rubber surgical pad with drainage to a vessel below; knees braced apart; legs flexed on the abdomen, held in position by assistants on either side; external genitals, previously shaved and disinfected.

Operator—on a chair, facing the perinæum; anæsthetist at the head; assistant operator to one side.



Instruments—on a small table within easy reach; irrigating rubber fountain of hot water with an attached rubber tube for douching hanging conveniently near,

Operation—Insertion of two spatula speculums, held laterally by assistants as directed by the operator; uterine cervix seized with the vulsellum forceps; traction with left hand; circular incision; continued traction; mucous membrane pushed back with spud, or finger of the right hand; sponging and douching as needed; vessels and broad ligaments, when met, clamped and severed; uterus removed; clamps left *in situ*; opening tamponed with iodoform gauze; vaginal apron for protection; time, 35 min. Operator, Dr. T. W. Saltonstall.

Case 2. Diagnosis, Ovarian Cystomata. Operation, Laparotomy.

Patient placed in the dorsal position; incision in linea alba, 12 cm. long, below umbilicus; hips elevated till body lay at an angle of  $45^{\circ}$ , allowing intestines to gravitate from field of operation; left ovary enlarged, covered by the adhering tube and also adhering to the omentum and uterus; right ovary found adherent and covered by cysts; adhesions broken up, and right ovary removed; bleeding vessels secured, and healthy tissue united by fine cat-gut stitches; abdominal incision closed by the stitching of the several layers; wound sprinkled with iodoform powder; pads of surgical cotton; bandages held in position by tabs of adhesive plaster attached to the sides of the abdomen from which strings of tape were brought forward and tied in the median line. Time of operation, 32 minutes. Operator, Dr. J. W. Ward.

The skill of both operators is widely known and acknowledged. A feature we noted with pleasure, and which is especially to be commended, was the careful aseptic precautions taken to guard against every possible source of infection.

This matter of the sterilization of gauze, sutures, instruments, dressings, person of operator, etc., is one in which



there can be no such thing as hyper-carefulness, surgical cleanliness being the key to a successful result.

LE SCALPEL.

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### Medical Societies.

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OAKLAND, Cal., Feb. 27, 1894.

The Alameda County Eclectic Medical Association met in the rooms of the Society, 1065 Washington St., with the President, Dr. Church, presiding.

Roll Call. Those present were Drs. Church, Derrick, Farrar, Fearn, Metcalf, Stetson, Turner and Stone.

The minutes of the previous meeting were read and approved.

Dr. Stetson moved, seconded by Dr. Fearn, that a committee be appointed to draft resolutions on the death of Prof. John Scudder, a copy of the same to be forwarded to the relatives and the CALIFORNIA MEDICAL JOURNAL. The motion was carried, and Drs. Stetson, Fearn and Turner appointed with full power to act.

Dr. Fearn spoke of the recent adverse legislation in Utah. The Eclectics wish to carry their case to the higher courts but need financial aid to be able to do so. The society, was asked to think the matter over as the cause of Utah is closely allied to that of California.

Their being no further business, Dr. Turner read a paper entitled Pseudo Membranous Croup, after which the subject was generally discussed.

Dr. Fearn considered this disease a not very common one in this country. In Sthenic conditions the systemic emetics may be given in the early stages, but never in asthneic conditions. Vapor is good, acetic vapor being most satisfactory; also fumes of burning sulphur, and stillingia liniment on the throat covered with a hot pack; sustain with proper food.



Dr. Farrar recommended vapor baths, cold packs to the throat, and plenty of Jaborandi.

Dr. Stetson considered Dr. Turner's treatment too Allopathic to be good. He considers the surgical treatment the most necessary. For the inflammation of the mucus membranes in the early stages, Lobelia or Sanguinaria. Peroxide of Hydrogen is very good. Papoid has been highly recommended as a solvent. The Doctor does not think intubation dangerous, and prefers it to tracheotomy.

Dr. Church thought many cases of Pseudo-membranous Croup were diagnosed as Diphtheria by physicians, but there are no septic conditions in the Croup. In Diphtheria surgical interference does little good, while in Pseudo Membranous Croup it is of the greatest importance to operate to give the child a chance to recover; and the operation should not be delayed too long till the child is too much exhausted. Emetics only give temporary relief and exhaust the child. The cold pack is preferred to the hot. For the inflamed membranes, Acetic tincture of Sanguinaria in small doses, and 1-100 gr. doses of Bichromate of Potassium. Spray with Bichloride Solution.

Dr. Van Kirk was appointed essayist for the next meeting. Subject, Melancholia. Meeting adjourned.

L. STONE, M. D., Secretary.

OAKLAND, March 13, 1894.

The Alameda County Eclectic Medical Association met in the society rooms, 1065 Washington St. The President, Dr. Church, presiding. Roll Call. Those present were Drs. Church, Fearn, Mehrmann, Metcalf, Sharp, Stetson, Turner, Van Kirk and Stone.

Minutes of the previous meeting were read and approved.

Dr. Stetson presented resolutions upon the death of Dr. J. M. Scudder. The report was received and ordered placed on file and the committee discharged.

Dr. Fearn then read a letter received from Utah in which the writer stated that things were going much better for



Eclectics and they were in hopes, with proper support, to obtain a still greater degree of justice.

Dr. Van Kirk read a paper on Melancholia, after which general discussion took place and several other interesting cases were reported.

Resolutions on the Death of Dr. J. M. Scudder.

Whereas, on the 17th day of Feb., 1894, our beloved friend, John M. Scudder, M. D., was taken from our midst by the silent hand of death, which brought untold sorrow to his family and friends, therefore be it Resolved, that the Alameda County Eclectic Medical Association (California) do hereby extend to the family and friends of the late much admired leader of Eclectism our united sympathy.

We are well aware of the fact that, had it not been for his zealous efforts, Eclectism would not occupy to-day its present position—at the head of scientific medicine. Be it further Resolved, that these resolutions be spread upon the minutes of this association and a copy forwarded to his son John K. Scudder, and to the CALIFORNIA MEDICAL JOURNAL.

Committee { B. STETSON, M. D.  
JOHN FEARN, M. D.  
HANNA SCOTT TURNER, M. D.

Dr. Webster was appointed to prepare a paper for the next meeting. Subject, Tuberculosis.

Meeting adjourned.

L. STONE, M. D., Secretary.

**College Notes.**

*Tempus fugit!* Another month gone. How natural to look forward to what the next may bring! Reflections crowd upon me, for with the fleeting days comes thoughts of the flight of our own lives:

“Strange cozenage! none would live  
past years again;

Yet all hope pleasure in what  
yet remain.”



Alas! There is no time for day-dreams, a call comes from the sanctum for "College notes"—but, gentle reader, the students have all been so deeply interested in their studies of late, that I can scarcely gain a particle of news. Even the boxing gloves lie in idleness except for an occasional roud by Drs. Childs and Ward. Dr. Childs, being master of the art, makes things hum in his smiling way; he is the mildest-mannered man that ever blacked an eye or broke a nose.

Dissecting material has been plentiful this month, and our competent demonstrator of anatomy, Prof. W. O. Wilcox, is kept busy furnishing tickets of admittance to the dissecting room.

We are in receipt of the painful news that Prof. Fearn met with quite an accident while out riding. Being thrown from his buggy, one of his eyes was severely bruised, and the eyelid badly cut, but with the skillful stitching of Dr. Church, the wound has done well, and we are happy to report our Professor convalescent. However, for sometime to come, it may be necessary for the dear doctor to "wink the other eye."

Dr. Field, we deeply regret to note, has also been unfortunate; while assisting in moving a partition in the drug store where he is employed, he received a severe fall of ten feet breaking both bones of the right forearm. We gladly state however, that at present the doctor is doing well, and we hope soon to see him at College again. Dr. Gere is the attending physician.

Our classmate, Dr. Chas. G. George, we are pleased to learn, has tired of single blessedness and taken unto himself a wife. Not being as yet in receipt of full particulars of the wedding, the affair will be published in another issue. Though while we are waiting for the expected piece of wedding cake, we wish the happy, wedded couple unalloyed bliss all along their journey on the "Bicycle Built for Two."



Dr. Harry L. Hamilton has taken the place of the late Herbert Le Huray in the College drug store, and the number of lady patrons at the store since his arrival is phenomenal. Needless to say we are all glad to welcome him home again."

Dr. D. B. Plymire has become interested in a drug store on 16th & Market Sts. S. F., but hopes to spare time to resume his studies this term.

Some of the students of the most prominent Alopathic College of San Francisco are a disgrace to their Alma Mater by their ungentlemanly conduct and rowdyism in jeering at people on the street, while they are on the street cars journeying to and from the City and County Hospital. The protection of the quickly-moving car makes them brave as the kid on the house-top. It would be of great benefit in their professional life if they could hear a few lectures on gentlemanly deportment, or, if that be beyond their ken, then at least on such rules of common decency as ordinary hoodlums can be taught to comprehend.

LANCET.

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### **The National—An Amendment to the Substitute.**

By H. B. Mehrmann, M. D., Pres. California Eclectic Medical Society.

In the last issue of the JOURNAL, our friend, Dr. Webster, of Oakland, offers a substitute to the proposition on foot to obtain the National Eclectic Medical Association, by agreeing to head a fund for the relief of our fellow Eclectics in Utah.

I am pleased with the idea of offering assistance to our friends, and hope that they will win the battle of their lives, which it certainly is that they are now engaged in fighting. But the time for the severest defeat of the measure was while the matter was in the hands of the legislators and before it became a law. That not having been done, it



will be something of a long and tedious strife to have the matter rescinded by the courts, which of course should be done by all means, if at all possible. The success of the Old School in thus far defeating the Eclectics of Utah should be a forcible example to those practicing in other states; and as it has been attempted and will undoubtedly be tried again, to pass a similar law in this state, let us prevent ourselves from being placed in the predicament our friends of Utah are in, by preparing now for the fight, that will surely be waged at the next session of our legislature, by creating a fund to keep in chains the demon of oppression. My amendment therefore is, that the doctor pledge twenty-five dollars to the latter fund. I will pledge myself to give the same amount, and doubtless many others will follow the good example, providing enough can be raised to make a proper showing at Sacramento when the time comes.

In so far as the doctor's opinion goes in reference to the shortness of time to procure the National Association for San Francisco, I would say that at the present time he is probably correct. But it should be remembered that this agitation was begun three months ago, and hence but half of the time is now left for work, which *may* prove too short. Why did not the doctor find this proposition to be out of the line of possibilities at its inception?

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### Congress of Military Surgeons.

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We are in receipt of the following communication which we command the attention of our readers, especially those who intend going East this summer.

WASHINGTON, D. C., March 1, 1894.

EDITOR CALIFORNIA MEDICAL JOURNAL,

MY DEAR SIR:

The Fourth Annual Meeting of "The Association of Military Surgeons of the United States," will be held in Washington, D. C., May, 1st, 2nd and 3d, 1894.



This National Organization is composed of Medical Officers of the U. S. Army, U. S. Navy, National Guard of the United States, and the Hospital Marine Service—in whose service are many of the most celebrated and distinguished surgeons of our country. A brilliant and able literary programme will be presented. The afternoon of one day will be set apart for an object lesson from the "Manual of Drill," by the Hospital Corps. The evenings will be given up to social entertainments. There will be about five hundred delegates in attendance.

GEORGE HENDERSON, M. D.,  
Chairman Committee of Arrangements.

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### New Remedies.

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TERRALINE.—J. R. GARBER, M. D., STANTON, ALA. says:—"I read with unusual interest an article on "Some Experiments with Terraline" in the November number of *Food*. This tempts me to supplement it with a brief narration of my limited clinical experience with that article:

Miss———, a young lady of delicate physique, aged about 20, had a severe visitation of that now popular foreigner *la grippe*, in the winter of 1891, from which she apparently recovered only to have a severe recurrence of it the following winter. In July 1893, she consulted me, her condition was as follows: Respiration rapid and shallow, with an inability for even slight physical exertion; pulse small, quick and frequent, 120; countenance pale; skin cool and clammy; temperature 100; a deeply seated cough, that greatly aggravated a constant, severe pain in the left side; worse at night, often preventing sleep; appetite mostly absent; marked debility and prostration; weight about 84 pounds.

As she had taken cod liver oil, iron, quinine, strychnine, etc., without experiencing relief, I immediately put her on 'Terraline.'



In a short time she experienced improvement in the appetite, with a gradual amelioration in the cough. Under the continued use of 'Terraline,' she reported herself in December last as 'nearly well.' Fearing she might again contract *la grippe*, I ordered her to Southern Georgia, and to continue the medicine. Recent advices from her report her condition improved beyond the most sanguine expectations: appetite restored; cough entirely gone; sleeps well; weighs 128; in short, declares herself 'perfectly well.' She will remain in her present environments till about the middle of April, by which time I feel sure the lung lesions will have been entirely healed.

Throughout the treatment only 'Terraline' was given, and I would emphasize the fact that improvement speedily began under its use."

*Leucorrhoea* according to Prof. Louis Baner is often due solely to constipation, hence clearance of the bowels of their faecal contents is in many cases the chief and most effective treatment of that troublesome disorder.

In properly adjusted doses perhaps the mildest, simplest and most efficient of all laxatives or aperients is the Elixir Six Aperients; Manufactured by the Walker-Green Pharmaceutical Co. of Kansas, Mo.

Dr. Suckling declares normal liquid Cannabis Indica in one to three drop doses is almost a specific in the insanity of women due to mental worry or mental shock; also proves of incalculable value in mania and melancholia.

The Elixir Six Bromides is a combination of the Six Bromides incorporated with Cannabis Indica and proves of the greatest service in such nerve disturbances. It is manufactured by the Walker-Green Pharmaceutical Co., of Kansas City, Mo.

When a tonic and reconstructive remedy is indicated, the Elixir Six Hypophosphites, manufactured by the Walker-Green Pharmaceutical Co., of Kansas City, Mo., has no superior.

AMENORRHEA—J. E. Prichard, M. D., Baltimore, Md., says Aletris Cordial I think a most excellent remedy and have used it in ten cases of suppressed menstruation, in all of which with best results. Among my patients were four unmarried women, one aged twenty years, had her menstruation arrested six months, when she came under my care.



She was swollen and suffered considerable pain at each monthly period, but she had no show of any catamenial discharge. I placed her on Aletris Cordial, teaspoonful doses, three times a day. She continued it for seven days, when she menstruated. I ordered her to commence again five days before her expected time to menstruate, which she has done. She is now regular and suffers no pain. Have also used it in cases of vaginal leucorrhea with a happy result. In cases of hysteria, which we sometimes find complicated with leucorrhea, I have combined it with Celerina.

R

Aletris Cordial. . . . . 4 ounces.

Celerina. . . . . 4 ounces.

M. Sig.: Teaspoonful every three hours for one day, then the next would give it four to five hours.

I am happy to say that it has not failed to give relief in all cases in which I have prescribed it.

BROMIDIA—Joseph P. Ross, A. M., M. D., Professor Clinical Medicine and Diseases of the Chest, Rush Medical College, Chicago, Ill., says: "For the past three years I have prescribed Bromidia (Battle & Co.) very frequently, and have never yet been disappointed in securing the results required. In cases when there is Insomnia without pain, in the delirious stages of acute fevers, in delirium tremens, puerperal mania, in short, in all those cases requiring soporifics, I find Bromidia invaluable. I consider Bromidia an excellent combination."

ANTIKAMNIA.—This is a combination of elements belonging to the coal-tar group, and is an American product. It is a white crystalline powder, odorless, and has a slightly burning taste; soluble in hot water and in diluted alcohol, but not in cold water. It acts as antipyretic, analgesic and anodyne. The importance attached to this drug, I think, is due to its anodyne and analgesic power, and the celerity with which it acts. As an antipyretic in fevers, it acts more slowly than antipyrin, but is not attended with as much depression of the cardiac system and cyanosis. Whenever a sedative and an analgesic together is indicated, this remedy meets the demand. In severe headaches it is the remedy *par excellence*.—C. A. JULIAN, M. D., Louisville Medical College, in *N. C. Med. Journal*.



### Bureau of Information.

The State Medical Society has opened a "Bureau of Information" regarding locations desirable for physicians and surgeons. Any one knowing of good locations, or desiring to sell locations, or wishing competent assistants, should communicate with the secretary

Any advertised location in this JOURNAL that has been filled, please notify the secretary, that its publication may be withdrawn

The following locations have been sent in for publication:

COTTONWOOD, SHASTA CO.—It has been reported to this "Bureau" that there is an excellent opening for an Eclectic at the above town.

KNIGHTS FERRY—Twelve miles from Oakdale. No Eclectic in place. Good opening.

SAN FRANCISCO—Two thousand dollars will buy books and instruments worth \$1,000, furniture worth \$1,500, and the good-will of a good paying practice in the city of San Francisco. Office rent free. Reason for selling, ill health. Address, "DOCTOR," California Journal Co., 1420 Folsom st., San Francisco.

WANTED—By a middle aged, married Physician and Surgeon a partnership in a well established practice, or would buy the whole. Must bear investigation. Address, with full particulars and lowest terms, "SURGEON," care of California Medical Journal Office, San Francisco.

FOR SALE, or rent; my home and horse. Only physician and druggist in town. Nearest doctor fifteen miles away. Good R. R. prospects. Will sell everything. Good place for the right man, with some money. Address "Physician and Druggist." Bieber, Lassen Co. Cal.

BEST LOCATION in the state for a physician with some money. For particulars enquire of Calif. Drug Co. 1420 Folsom St. S.F.

WANTED—Good location for Eclectic Physician on Pacific slope. Have old established pharmacy for sale in Chicago near business center.

R. M. Carr,  
1412 Wabash Ave. Chicago.

WANTED—A position as substitute, or assistant to a busy general practitioner; or eye and ear specialist. Would accept position in a drug store. Good references. Address: National Medical Exchange, Eckhardt, Indiana.

Also two good locations in the country for active workers.

All letters addressed to the secretary of the "Bureau of Information of Locations" will be answered promptly

J. C. FARMER, M. D., Sec'y,  
921 Larkin St.  
San Francisco.



# THE \*CALIFORNIA\* MEDICAL \*JOURNAL.\*

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VOL. XV. } SAN FRANCISCO, CAL., APRIL, 1894. { NO. 4.

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D. MACLEAN, M. D.,      M. E. VAN METER, M. D.,      C. N. MILLER, M. D.,  
EDITORS.

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*Terms: \$1.50 per annum, In Advance.*

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The Editors disclaim any responsibility for the statements or opinions of contributors.

Expression is essential to growth. We cordially invite all Eclectic physicians who would keep abreast with the times to make frequent use of our columns.

To insure accuracy, employ the typewriter when possible. Otherwise prepare manuscript with care, re-writing when necessary; be kindly thoughtful of the Editor and compositor, and do your own drudgery—time is money.

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This JOURNAL will be issued on the first day of the month.

Let all communications be addressed, and money orders made payable to the CALIFORNIA MEDICAL JOURNAL, 1422 Folsom Street, San Francisco, California.

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## *Editorial.*

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### **Our Journal.**

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Our JOURNAL is the Advocate of Eclecticism on the Pacific Coast, and its success means the success and popularity of our cause

In no way will a minimum of individual effort secure such quick returns, and foot up such a grand total of benefits to all concerned as in work done by our physicians for the CALIFORNIA MEDICAL JOURNAL.

In these times, the law of the survival of the fittest is



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mercilessly enforced; the success of Our JOURNAL will be exactly commensurate to its merits.

To any physician, Our JOURNAL is worth in dollars and cents much more than it costs, and any Eclectic west of the Rockies, who fails to take an active interest in its welfare, is lacking in wholesome, manly, professional enthusiasm, if, indeed, he be not fostering a spirit of ingratitude that could almost be called a crime.

We are in receipt of many letters like the following, we trust our friends will see to it that the shower shall be perennial:

JOHNSTOWN, PA., Mar 10, 1894.

Editor, CALIFORNIA MEDICAL JOURNAL,

Dear Sir:—

Herewith find enclosed,—\$3.00, covering amount of bill rendered.

Allow me to congratulate you upon the standard which your Journal maintains in the general advance and improvement, which is being so rapidly made in our Eclectic monthly literature.

Respectfully yours,  
B. S. YEAGLEY, M. D.

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### Vacation.

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Prof. H. T. Webster, of Oakland, is to go East the first of April for a sixty day's trip. We hope the JOURNAL may hear from him often.

Arrangements have been made with the Professor to edit for Our JOURNAL on his return, a department of "Practical Therapeutics."



### Hiccoughs.

In a private communication from Dr. West, of Colusa county, Cal., he reports the following successful treatment of a case of "Hiccoughs" which we think of too much importance to be kept from the public; hence we will publish it and ask the doctor's pardon afterward, for doing so without his permission.

"I have just gotten through with a very trying case, in the person of Mr. Jno. Steele, of whom no doubt you have often heard, he being one of our most prominent men.

He hiccoughed for eight days and nights in spite of the most heroic use of every antispasmodic that I know of. I chloroformed him to the extent of profound anesthesia and still he would hiccough. Hypodermic injections of morphia to the extent of  $2\frac{1}{2}$  grains per day would have no effect. Sixty grains of chloral for rectum was as if water had been used. Gelsemium to its full physiological effect did no good. He took 120 grains of musk with no benefit. And so on with the balance of the list. I had also thoroughly cleaned out the intestinal canal so as to rid it of any exciting cause. He grew cold, features shrank as they indicated approaching dissolution. He made his will and otherwise prepared for death. In my desperation I quit antispasmodics, and put him on hourly doses of arsenic. He began to improve and in 24 hours more the hiccoughs ceased. The patient is 70 years old; has been a large and rapid eater; weighs 225 lbs.; has catarrh of stomach, duodenum and gall-bladder. As the immediate cause of his last trouble he ate largely of honey and cabbage. But he is now safe, sitting up and walking around a little.

v.



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### Mid-Winter War.

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While we are having a Mid-Winter Fair for the benefit of the public, we are having a Mid Winter war among the doctors for the edification (?) of the medical profession. First, we had a split in the Faculty of the Hahnemann Hospital College, over, as far as we can learn, some petty jealousies. Next, we had a regular explosion among our Allopathic friends, over a question of "Ethics". It seems that one of their number wanted to start a hospital on the beneficiary plan; and some of the other members of their faith took exceptions to such proceedings and waged such a hot war against the project that it died "a bornin." The question of "Ethics" seems to be a veritable "thorn in the flesh" which they seem to be neither able to extract nor tolerate. To us it seems that they have a great many unworthy members or else they do a great deal of wrangling without sufficient cause, or else their "Code of Ethics" must be a very distasteful affair. *Gentlemen*, need no "code" to make them do what is right, except the code that they carry within an honest and upright manhood.

Physicians who treat their confreres with decent respect, only because of iron-clad laws compelling them to do so, deserve no more credit for so doing, nor respect at the hands of their co-workers, than a thief deserves credit for being honest, while he is in prison where he *must* be so. We would say to our warring friends: Have only *gentlemen* in your ranks and then you will need no "Code of Ethics" to violate nor wrangle over.

v.

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### A Peculiar Case.

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On March 11, I was called, hurriedly, to see Mrs. \_\_\_\_\_, whom the messenger said was dying. On reaching the patient I found her really in a dying condition; cold, gasping for breath with a harrassing cough and bloody expectoration; her pulse was so rapid that I could not begin



to count it, but am sure that it was more than two hundred and fifty per minute. The left arm was swollen to twice its size from the shoulder to the finger tips and was cold and white.

The history of the case, as gleaned from the relatives and attending physician, was as follows:

The family was very poor and was in charge of a church society. During the Holidays the church gave a dinner, to which this lady was invited. Not having any money, she walked a long distance to the dinner and while eating, fainted; a physician was called in who pronounced it a case of gastritis. Then they called in the doctor who treated her up to the time I was called in. He was present at my first visit and agreed with the weeping husband that the woman was dying. He also said that he had been treating the lady since in December; that she first had malarial fever, then it run into typho-malaria, then it run into pneumonia.

I had her put into a clean, warm bed; large hot poultices applied around the chest; gave hypodermics of strychnia and trinitrin and gave carbonate of ammonia in milk and whiskey. She soon showed improvement which increased day by day for ten days, with improved breathing and less expectoration; better appetite, and swelling about all gone from the arm, when she suddenly died from heart failure. The remarkable part, to me, is, that at no time during the whole ten days was her pulse below one hundred and eighty, and the most of the time it ranged between two and three hundred. How any muscle could do this amount of work is really astonishing.

I have seen but one similar case of rapid pulse, in a practice of twenty years. This was a case which I saw with Prof. Logan in which there was an embolism, following confinement; this patient finally recovered.



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### Wanted—Men!

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In the loss of doctors Howe, Scudder and King, our cause has received a terrible blow, one from which it must suffer for an indefinite time, if, indeed, it ever recovers.

Like every reform which is genuine, for which there is a real demand, Eclecticism finds its greatest support with the common people. The ranks of our physicians are recruited from young men whom lack of means has precluded from the advantages of the classical course.

They make successful, all-around physicians, good and honest citizens, and are true to their colors. But these are days of intense mental activity. The people are becoming learned, and demand of the profession, research, investigation, experiment, and great discoveries in Biology, Etiology, Therapeutics, Surgery, Hygiene and all branches of medical science. Now, this work can only be done by men of good early training.

The Eclectic School of Medicine must have men who are college bred.

Let us adopt that rule, and shape our policy to make it practical. If all our medical students could be graduates from Yale, Harvard, Cornell, Vassar, Oberlin, Stanford, or any of our great Universities, the future of the "American School of Medicine" would be assured.

The friends of young people, aspiring to become physicians, should, if possible, persuade and, if necessary, assist them to first take a collegiate course. Give us men to whom we can point with the pride of the citizen of Sparta who, pointing to her army, said, "There are the walls of Sparta, every man is a brick." They were the best soldiers in the world.

Let us by shortening our medical course for College men, and by a public sentiment in their favor, put such a premium on a classical or scientific training, that it shall become the rule rather than the exception, that Eclectic physicians be college graduates. We want men, the best in the world.

M.



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**THOMAS' MEDICAL DICTIONARY.** A complete pronouncing Medical Dictionary; embracing the terminology of medicine and kindred sciences with their signification, etymology and pronunciation, with an appendix, comprising an explanation of the Latin terms and phrases occurring in medicine, anatomy, pharmacy, etc.; together with the necessary directions for writing Latin Prescriptions, etc., etc. By Joseph Thomas. M. D., L. L. D., Author of the system of pronunciation in Lippincott's "Pronouncing Gazetteer of the World" and "Pronouncing Dictionary of Biography and Mythology." PHILADELPHIA; PUBLISHERS, J. B. LIPPINCOTT COMPANY.

This is a book adapted especially to the wants of the Medical Student. It contains many pleasing features which add materially to its value as a reference work. A great deal of attention is given to the etymology of words. Such phrases as, *Flexor, Longus, Digitorum, Pedis*, etc., are translated literally. These features enable one commencing the study of Medical Science to better grasp and retain the subject matter by rendering intelligible the nomenclature.

The appendix is a valuable addition of useful knowledge. It contains the elements of the Latin tongue, adapted especially to the wants of the Medical Student. The mode of writing prescriptions in Latin and the terms and phrases commonly met with, are valuable features. Other welcome additions are the various tables:—Dose; chemical symbols; orders and families of the living mammalia; the metric system, etc. We take pleasure in recommending to our readers this dictionary, feeling confident that it will prove of much value to them. [Orders may be sent to the Journal Office]

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**ANTISEPTIC THERAPEUTICS.** By Dr. E. L. Trouessart, Paris, France. Translated by E. P. Hurd, M. D. Published by George S Davis, Detroit, Mich. Price, in paper, 25 cents; in cloth, 50 cents.



Volumes I and II of the above are on our table. They are issued in the neat and convenient form adapted for the Physician's Leisure Library Series. This work notes the great changes which have taken place in medical and surgical practice since the microbe theory of disease has come to receive extended acceptance.

Dr. Trouessart has sought to digest and systematize the ascertained facts regarding antiseptic remedies and their application to diseased conditions; and, from a necessarily hasty examination of the treatise before us, has, we should say, succeeded well in his task. Part I is devoted to the study of antiseptics from a chemical, pharmaceutical and physiological standpoint; Part II to the clinical study of antiseptics, and Part III will, it is announced, be devoted to antiseptic hygiene. The author shows a thorough mastery of his subject; and any physician who desires to keep abreast of the times in this most important branch of his professional work can ill afford to neglect to possess himself of this admirable but inexpensive treatise.

Transactions of the Medical Association of the State of Missouri at its Thirty-sixth Annual session held at Sedalia, Missouri, May 17, 1893. PUBLISHERS: TRIBUNE PRINTING COMPANY, JEFFERSON, MO.

**LECTURES ON AUTO-INTOXICATION IN DISEASE, or Self-Poisoning of the Individual.** By CH. BOUCHARD, Professor of Pathology and Therapeutics, Member of the Academy of Medicine, and Physician to the Hospitals, Paris. Translated, with a Preface, by THOMAS OLIVER, M. A., M. D., F. R. C. P., Professor of Physiology, University of Durham; Physician to the Royal Infirmary, Newcastle-upon-Tyne; and Examiner in Physiology, Conjoint Board of England. In one Octavo volume; 302 pages. Extra Cloth, \$1.75 net. PHILADELPHIA: THE F. A. DAVIS Co., PUBLISHERS, 1914 AND 1916 CHERRY STREET.

These lectures deal with subjects of every-day interest to the medical practitioner. They constitute a logical inquiry into the operation of poisons introduced from without or generated within the body of man, and the part they play in health and disease.

This is a work fully abreast of the times and will prove a welcome addition to many a physician's library.



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**A PRACTICAL TREATISE ON THE DISEASES OF THE HAIR AND SCALP** by **GEORGE THOMAS JACKSON, M. D.**, Prof. of Dermatology, Woman's Medical College, N. Y. Infirmary; chief of Clinic and Instructor in Dermatology, College of Physicians; Consulting Dermatologist, Presbyterian Hospital, Member of the American Dermatological Association, etc.

In this Second Edition of "Hair & Scalp," every page of the old edition has been revised and corrected; new articles upon folliculitis, decalvans, lepothrix, and aplasia pilorum propria, and many new sections to the old chapters have been added. The bibliography has been carefully revised, enlarged and brought down to date; and a number of new illustrations have been inserted in the text. Price, \$2.75. NEW YORK: E. B. TREAT, PUBLISHER, 5 COOPER UNION.

---

**A TREATISE on HEADACHE and NEURALGIA**, Including Spinal Irritation and a Disquisition on Normal and Morbid Sleep. By **J. LEONARD CORNING M. A., M. D.**, Consultant in Nervous Diseases to the St. Francis Hospital; Fellow of the New York Academy of Medicine, Member of the New York Neurological Society etc.; Author of "A treatise on Hysteria and Epilepsy," "Local Anaesthesia," "Brain Rest," etc., with an appendix, Eye Strain, a cause of Headache, by **DAVID WEBSTER, M. D.**, Prof. of Ophthalmology in the New York Polyclinic; Surgeon to the Manhattan Eye and Ear Hospital etc., etc.

This, the Third Edition of "Headache & Neuralgia," has been revised and enlarged by an additional chapter, and will be more than ever acceptable to the profession when in need of a practical work explaining the nature and treatment of those head pains which constitute such a fruitful source of misery. Price \$2.75, NEW YORK: E. B. TREAT, PUBLISHER, 5 COOPER UNION.



# ASEPSIN SOAP



## MEDICINAL USES OF ASEPSIN SOAP.

**FOR THE SKIN.**—The antiseptic qualities of Asepsin and Borate of Sodium make this soap desirable for the preservation of the dermal tissues, and to remove and prevent cutaneous blemishes. It is valuable for roughness of the skin, acne, comedones, millium, blotches, excessive greasiness of skin, for softening and preventing roughness and chapping of the hands. It corrects abnormalities of the sebaceous glands, thereby regulating the lubrication of the skin, and is further useful to repair dermal tissues when they have been subjected to the deleterious action of chalks and cosmetic lotions.

**CUTANEOUS DISEASES.**—For the following skin affections it may be used freely with marked benefit: Acne vulgaris et rosacæ, seborrhoea, eczematous eruption, herpes, psoriasis, prurigo, syphilitic eruptions, dermatitis, ulcerations, pruritic conditions, parasitic diseases, as scabies, for the relief of rhus poisoning, and for the removal of pediculi. A clean skin is necessary in any course of medication, and Asepsin Soap is a rational cleanser.

**IN SURGERY.**—The surgeon will find it valuable for cleansing the patient as well as the operator's hands, sponges and instruments. For its cleansing and antiseptic effects it may be employed in wounds of all kinds, chilblains, bed sores, ulceration, pustules, and for removing offensive and irritating discharges, and as a foot wash.

**IN GYNÆCOLOGY.**—It is useful in irritating and offensive discharges concomitant to diseases of females, giving rise to pruritic and inflammatory conditions. Leucorrhoea, simple vaginitis and vulvitis, ulcerations and pruritus vulvæ, are conditions in which it is particularly indicated.

**CONTAGIOUS DISEASES.**—In the exanthemata it should be employed to hasten desquamation thereby shortening the period of contagiousness and hastening convalescence.

At the time I received the Asepsin Soap, I was suffering intensely from pruritus ani, and had already tried with scarcely even temporary relief, all—or nearly all—the standard remedies for this well-known ailment. I was well-nigh crazed with the intolerable itching, pricking, sticking, gnawing biting, burning pain. I had been nearly sleepless for several nights, and I was so busily engaged with my professional work all day long that it seemed to me that life was a burden, and I could get no rest at night. I frequently sprang from my bed, and ran wildly, crazily anywhere—suicide would not be strange in anyone in such a condition.

*Your Asepsin Soap I used without faith, but with astonishing and almost immediate relief and ease.* I think I have never before recommended any special preparation, but nothing less than gratitude is due you for this benefit, and that gratitude I express most heartily now. I have delayed this letter many weeks, but I am still as thankful as ever, for my suffering was of a kind not to be forgotten,

PAUL T. BUTLER, M. D., Alamo, Michigan

## ASEPSIN SOAP IS NOW READY FOR THE MARKET.

**PRICE, \$1.40 PER DOZEN.**

For toilet purposes, a cake of ordinary soap of this size is sold for 25 cents. In order to introduce it, on receipt of 40 cents in postage stamps, we will, for a time send one-fourth dozen cakes by mail to any physician who has not previously purchased it. Send for a quarter dozen, and you will never employ or recommend any other soap, either for toilet or medicinal purposes. Ask your druggist to keep it in stock. Address

**LLOYD BROTHERS,  
CINCINNATI, OHIO.**



A PRACTICAL TREATISE ON THE DISEASES OF THE HAIR AND SCALP by GEORGE THOMAS JACKSON, M. D., Prof. of Dermatology, Woman's Medical College, N. Y. Infirmary; chief of Clinic and Instructor in Dermatology, College of Physicians; Consulting Dermatologist, Presbyterian Hospital, Member of the American Dermatological Association, etc.

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**IN SURGERY.**—The surgeon will find it valuable for cleansing the patient as well as the operator's hands, sponges and instruments. For its cleansing and antiseptic effects it may be employed in wounds of all kinds, chilblains, bed sores, ulceration, pustules, and for removing offensive and irritating discharges, and as a foot wash.

**IN GYNÆCOLOGY.**—It is useful in irritating and offensive discharges concomitant to diseases of females, giving rise to pruritic and inflammatory conditions. Leucorrhoea, simple vaginitis and vulvitis, ulcerations and pruritus vulvæ, are conditions in which it is particularly indicated.

**CONTAGIOUS DISEASES.**—In the exanthemata it should be employed to hasten desquamation thereby shortening the period of contagiousness and hastening convalescence.

At the time I received the Asepsin Soap, I was suffering intensely from pruritus ani, and had already tried with scarcely even temporary relief, all—or nearly all—the standard remedies for this well-known ailment. I was well-nigh crazed with the intolerable itching, pricking, sticking, gnawing, biting, burning pain. I had been nearly sleepless for several nights, and I was so busily engaged with my professional work all day long that it seemed to me that life was a burden, and I could get no rest at night. I frequently sprang from my bed, and ran wildly, crazily anywhere;—suicide would not be strange in anyone in such a condition.

*Your Asepsin Soap I used without faith, but with astonishing and almost immediate relief and ease.* I think I have never before recommended any special preparation, but nothing less than gratitude is due you for this benefit, and that gratitude I express most heartily now. I have delayed this letter many weeks, but I am still as thankful as ever, for my suffering was of a kind not to be forgotten,

PAUL T. BUTLER, M. D., Alamo, Michigan

## ASEPSIN SOAP IS NOW READY FOR THE MARKET.

**PRICE, \$1.40 PER DOZEN.**

For toilet purposes, a cake of ordinary soap of this size is sold for 25 cents. In order to introduce it, on receipt of 40 cents in postage stamps, we will, for a time send one-fourth dozen cakes by mail to any physician who has not previously purchased it. Send for a quarter dozen, and you will never employ or recommend any other soap, either for toilet or medicinal purposes. Ask your druggist to keep it in stock. Address

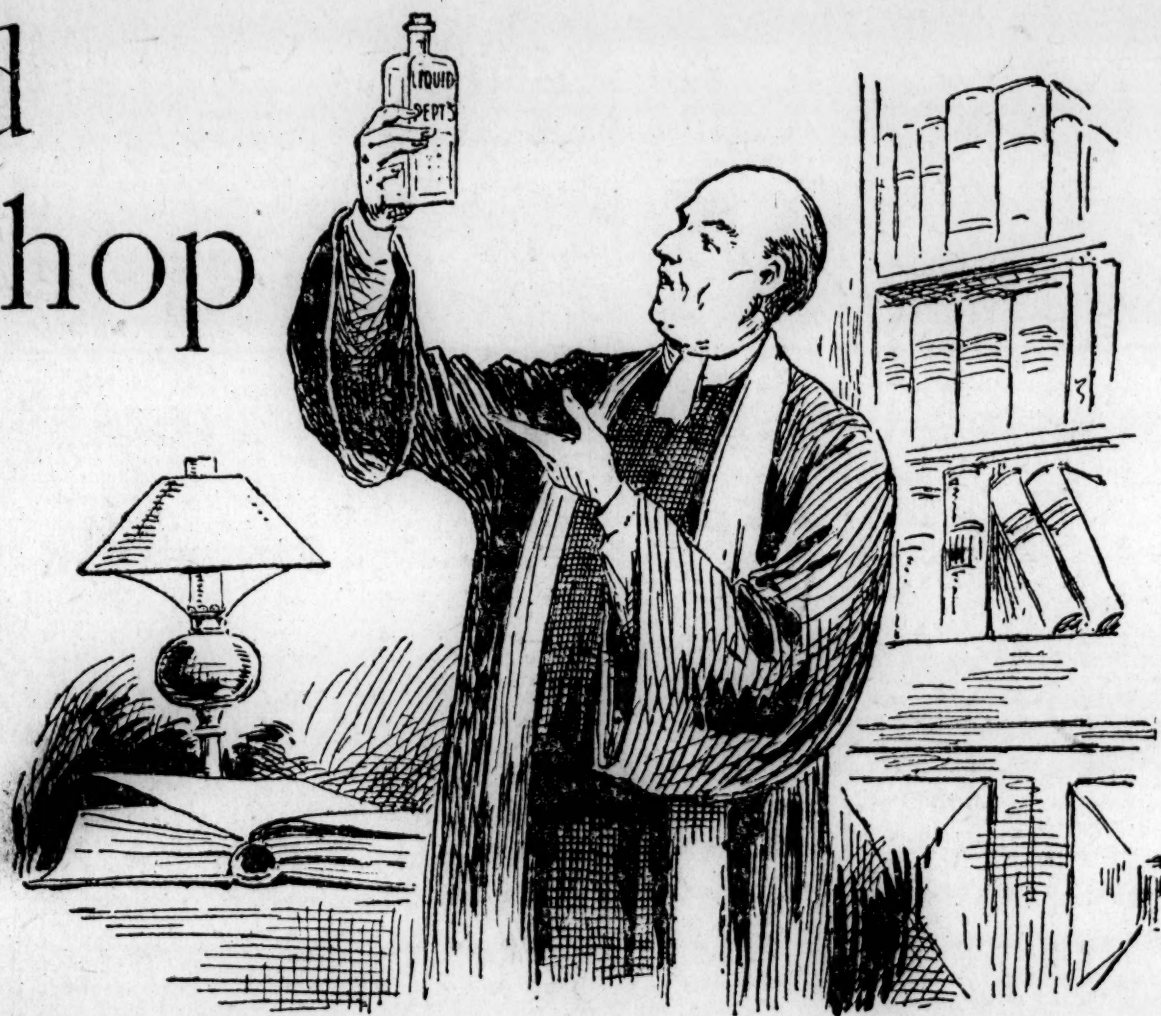
**LLOYD BROTHERS,  
CINCINNATI, OHIO.**



# The Good Old Bishop

*"It is of a nature so mild and benign, and Proportioned to the human constitution, as to warm without heating, to cheer but not inebriate."*

—BISHOP BERKELY.



must have had Liquid Peptonoids with Coca in mind when he evolved the above sentiment. It is "proportioned to the human constitution" in that it contains all of the essential nutritive elements of beef, milk and gluten, ready for immediate absorption and appropriation. It "warms without heating" and cheers without inebriating, because the reconstructive and force-sustaining potency of the Peptonoids anticipates and nullifies any reactionary effect of the Coca.

This is our explanation of the therapeutic efficiency of **Liquid Peptonoids with Coca.** Perhaps physicians may know of some other reason. If so, we should be pleased to be advised of it.

Send for "THE DOCTOR'S FACTOTUM."

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The Arlington Chemical Co.,

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